LAGUNA HONDA HOSPITAL REPLACEMENT

SAN FRANCISCO PLANNING DEPARTMENT

DRAFT

ENVIRONMENTAL IMPACT REPORT

FILE NO. 2000.005E

STATE CLEARINGHOUSE NO. 2001022015

DRAFT EIR PUBLICATION DATE: DECEMBER 1, 2001

DRAFT EIR PUBLIC HEARING DATE: JANUARY 10, 2002

DRAFT EIR PUBLIC COMMENT PERIOD:
DECEMBER 1, 2001 THROUGH JANUARY 16, 2002

WRITTEN COMMENTS SHOULD BE SENT TO:

PAUL MALTZER, ENVIRONMENTAL REVIEW OFFICER
SAN FRANCISCO PLANNING DEPARTMENT
1660 MISSION STREET, SUITE 500
SAN FRANCISCO, CA 94103

ACRONYMS USED IN THIS EIR

AB	Assembly Bill
AC Transit	Alameda-Contra Costa Transit
AST	Aboveground Storage Tank
AVO	Average Vehicle Occupancy
BAAQMD	Bay Area Air Quality Management District
BART	Bay Area Rapid Transit
Cal-OSHA	California Division of Occupational Safety & Health
CEQA	California Environmental Quality Act
CMS	Centers for Medicare and Medicaid Services
CNEL	Community Noise Equivalent Level
CRHR	California Register of Historical Resources
dB	Decibel
dBA	A-weighted Decibel
DBI	Department of Building Inspection
EIR	Environmental Impact Report
FEMA	Federal Emergency Management Agency
FTE	Full Time Equivalent
I-280	Interstate 280
I-80	Interstate 80
HCFA	Health Care Financing Administration
Ldn	Day-Night Noise Level
Leq	Equivalent Noise Level
LOS	Level of Service
LPAB	Landmarks Preservation Advisory Board
msl	Mean Sea Level
MUNI	San Francisco Municipal Railway
NPS	National Park Service
NRHP	National Register of Historic Places
OHP	State Office of Historic Preservation
OSHA	Occupational Safety & Health Administration
OSHPD	Office of Statewide Health Planning & Development
PCBs	Polychlorinated Biphenyls
REA	Registered Environmental Assessor
SFDPH	San Francisco Department of Public Health
SHRC	State Historical Resources Commission
SNF	Skilled Nursing Facility
TDM	Transportation Demand Management
UST	Underground Storage Tank
WPA	Works Progress Administration
YGC	Youth Guidance Center

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DATE: December 1, 2001

TO: Distribution List for the Laguna Honda Hospital Replacement Draft EIR

FROM: Paul Maltzer, Environmental Review Officer

SUBJECT: Request for the Final Environmental Impact Report for the Laguna Honda Hospital Replacement Project (Planning Department File No. 2000.005E)

the Draft of the Environmental Impact Report (EIR) for the Laguna Honda Hospital
ement Project. A public hearing will be held on the adequacy and accuracy of this
ent. After the public hearing, our office will prepare and publish a document titled
nary of Comments and Responses" that will contain a summary of all relevant comments
Draft EIR and our responses to those comments. It may also specify changes to this Draft
Those who testify at the hearing on the Draft EIR will automatically receive a copy of the
ents and Responses document, along with notice of the date reserved for certification;
may receive a copy of the Summary of Comments and Responses and notice by request or
iting our office. This Draft EIR together with the Summary of Comments and Responses
nent will be considered by the Planning Commission in an advertised public meeting and
e certified as a Final EIR if deemed adequate.

certification, we will modify the Draft EIR as specified by the Comments and Responses
nent and print both documents in a single publication called the Final EIR. The Final EIR
dd no new information to the combination of the two documents except to reproduce the
ication resolution. It will simply provide the information in one document, rather than two.
efore, if you receive a copy of the Summary of Comments and Responses document in
ion to this copy of the Draft EIR, you will technically have a copy of the Final EIR.

We are aware that many people who receive the Draft EIR and Summary of Comments and Responses have no interest in receiving virtually the same information after the EIR has been certified. To avoid expending money and paper needlessly, we would like to send copies of the Final EIR to private individuals only if they request them. If you would like a copy of the Final EIR, therefore, please fill out and mail the postcard provided inside the back cover to the Major Environmental Analysis Office of the Planning Department within two weeks after certification of the EIR. Any private party not requesting a Final EIR by that time will not be mailed a copy. Public agencies on the distribution list will automatically receive a copy of the Final EIR.

Thank you for your interest in this project.

Draft Environmental Impact Report

Laguna Honda Hospital Replacement

San Francisco Planning Department

File No. 2000.005E
State Clearinghouse No. 2001022015

Draft EIR Publication Date: December 1, 2001

Draft EIR Public Hearing Date: January 10, 2002

Draft EIR Public Comment Period: December 1, 2001 through January 16, 2002

Written comments should be sent to:

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1.0 SUMMARY

This section summarizes the information and analyses presented in the main body of this Environmental Impact Report (EIR). In accordance with the California Environmental Quality Act (CEQA) Guidelines, this summary includes information on the characteristics of the proposed project. The potential environmental effects of the proposed project and measures recommended to mitigate those potential impacts are discussed. The alternatives to the project as evaluated in this EIR are also addressed, along with the relationship of these alternatives to the impacts identified for the project and the objectives of the project.

A. PROJECT DESCRIPTION

A1. Background

The existing open ward arrangement of patient care areas in the Laguna Honda Hospital and Rehabilitation Center (Laguna Honda hospital) does not comply with current state and federal regulations, which allow for no more than four residents per room and no more than a 150-foot travel distance from a nurses' station to the entry into a resident's room. The hospital currently operates under special waivers from regulatory agencies; however, these waivers may be revoked at any time. In addition, existing hospital facilities do not comply with building code requirements related to fire and life safety; handicapped accessibility; mechanical ventilation, filtration, and air conditioning; and seismic safety.

On November 2, 1999, San Francisco voters approved Proposition A, a general obligation bond measure to replace Laguna Honda hospital. The proposed project would involve the replacement of most of the existing hospital facilities in order to bring Laguna Honda hospital into compliance with state and federal regulations.

As part of the CEQA process, an Initial Study was completed on February 2, 2001. The Initial Study examined the Laguna Honda hospital project to identify its potential effects on the environment. On the basis of the Initial Study, project-specific effects that have been determined to be potentially significant relate to visual quality (landform modification, view obstruction), transportation, noise (construction), and historic resources. The following effects of the Laguna Honda hospital project have been determined to be less than significant or to be mitigated through measures included in the project: population, air quality, utilities/public services, biology, geology/topography, water, energy/natural resources, hazards (emergency response plans and fire hazards), and archaeological and

paleontological resources. These issues are discussed in the Initial Study (see **Appendix 1.0**) and require no further environmental analysis in this EIR. In addition, as discussed in the Initial Study, impacts associated with land use and planning and hazards (hazardous materials, hazardous wastes, and soil and groundwater contamination) were found to be less than significant given mitigation measures included in the project. These issues, however, are discussed in the EIR for informational purposes.

A2. Project Location

The 62-acre Laguna Honda Hospital and Rehabilitation Center campus is located on the western slopes of Twin Peaks in central San Francisco. The project site is generally bounded by Dellbrook Avenue and Panorama Drive on the east, Clarendon Avenue and Olympia Way on the north, Woodside Avenue on the south, and Laguna Honda Boulevard on the west. The site is owned by the City and County of San Francisco and encompasses most of Assessor's Block 2842, Lot 7 (the remainder of the block is occupied by the Youth Guidance Center, an area with housing operated by the San Francisco Housing Authority, the Clarendon Avenue Pump Station, a fire station, and a San Francisco Municipal Railway [MUNI] electrical substation).

A3. Existing Conditions, Facilities, and Services

The existing hospital provides long-term health care services for the elderly and disabled residents of the City and County of San Francisco only. The hospital's services include skilled nursing care, hospice, rehabilitation, acute medical, senior nutrition, and adult day health services. The existing hospital buildings are mainly located in the southern and central portions of the site, and include the Main Hospital Building, Clarendon Hall, a bridge structure connecting these two buildings, and ancillary facilities, including a laundry building, boiler and power plant, shop buildings, farm building, garage, and greenhouse. The hospital currently operates with an average of 1,065 beds and employs about 1,500 total employees. As recently as Fiscal Year 1997-1998, the hospital has operated with up to about 1,200 beds and 1,600 employees.

The hospital campus is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. Elevations range from 390 feet above mean sea level (msl) in the northeastern portion of the site to 620 feet above msl, in the southeastern portion of the site. The existing vegetation includes mature eucalyptus and other exotic trees and landscaped areas, as well as small areas of native vegetation scattered along the northern portion of the site. The entire project site is within a P (Public Use) zoning district. The developed portions of the site are within the 80-D height and bulk district; the undeveloped portions of the site are in the OS (Open Space) height and bulk district.

A4. Proposed Project

The proposed project would involve the replacement of the existing hospital facilities, and the construction of additional facilities and parking spaces. The project includes: (1) demolition of most of the existing facilities; (2) retention and renovation of a portion of the existing Main Hospital; (3) construction of new hospital buildings; (4) construction of an assisted living facility; (5) expansion of the existing outpatient programs and services by about 25 percent; (6) reconfiguration of existing parking lots and the construction of a new parking lot; and (7) beautification of campus features visible to neighboring areas.

The proposed project would include demolition of all of the existing Laguna Honda hospital facilities, except the front part of the Main Hospital Building (i.e., Wings A, B, C, and H), and construction of replacement hospital buildings (i.e., Clarendon Hill West, Clarendon Hill East, Greenhouse Building, and Link Building) and a new assisted living facility. The replacement hospital buildings together with the existing building area to remain would total approximately 986,910 gross square feet, about 282,579 gross square feet more than the existing building area. The new hospital buildings would range from 4 to 7 stories tall, with a maximum height of 86.5 feet. The proposed assisted living facility would be 4 stories tall and about 50 feet in height. Buildout of the proposed project would accommodate 1,200 total hospital beds (about 135 more beds than are provided at the existing hospital, but about the same number as were provided at the hospital as recently as Fiscal Year 1997-1998), plus 140 assisted living beds. Existing off-street parking on the site would be reconfigured to provide 655 spaces, an increase of 52 parking spaces above existing parking capacity. The proposed off-street loading supply would include nine spaces at the new Main Hospital Building, and an additional two spaces at the proposed assisted living facility compared with approximately 22 loading spaces that currently exist throughout the hospital complex.

The project would be implemented in three phases. Phase One would include the installation of temporary electrical and mechanical equipment to serve Clarendon Hall and the Main Hospital during construction, in addition to hazardous materials abatement activities. Phase Two would consist of the construction of two new hospital buildings and a new bridge building connecting some of the proposed buildings. During this phase, residents from Clarendon Hall would be relocated into the new Greenhouse Building. Phase Three would consist of two parts, Phase Three-A and Phase Three-B. The demolition of the existing Clarendon Hall and the construction of the Clarendon Hill West Building in its place would occur during Phase Three-A. Phase Three-B would involve the demolition of existing Wings D, E, F, G, K, L, M, and O of the Main Hospital. All residents would be relocated to the new hospital buildings prior to the demolition of the wings. Phase One is anticipated to begin in Fall 2002. Phase Two is anticipated to begin in Fall 2003. Phase Three-A is anticipated to begin in Fall 2006, and

Phase Three-B is expected to begin in Summer 2009. The entire construction period is expected to take five to six years, lasting until approximately Fall 2010.

Following publication of the Draft EIR, a public hearing will be held during a 45-day public review period. Response to comments received on the Draft EIR will be prepared after the close of the public review period. The Final EIR will consist of the Draft EIR and the response to comments. The Final EIR will be presented to the Planning Commission for certification as to its accuracy, objectivity, and completeness. The Planning Commission cannot take any action approving the proposed project until the Final EIR has been certified. In addition to EIR certification, the proposed project would require the following approvals:

- *General Plan* amendment;
- Zoning Map amendment;
- Conditional Use permit;
- Demolition and building permits; and
- San Francisco Art Commission Design Review.

Pursuant to Proposition M, the Planning Department, the Planning Commission, and Board of Supervisors would also be required to determine that the project is consistent with the Priority Policies.

B. ENVIRONMENTAL EFFECTS

B1. Land Use and Planning

The proposed project would be consistent with nearby existing and planned land uses. The project also would be consistent with the P (Public Use) zoning district designation for the site. The existing boundary line on the site between the 80-D and OS height and bulk districts may require a minor adjustment to accommodate the proposed site plan and building layout. An adjustment to the existing boundary line would require a Zoning Map amendment pursuant to Section 302 of the Planning Code and a General Plan amendment. In addition, the project would not conform to the height or bulk requirements of the 80-D district. The tallest project building is 86.5 feet tall, which would require a rezoning from the 80-foot height district to the 90-foot height district, and an amendment to the General Plan height district map and text. Pursuant to Section 271 of the Planning Code, deviations from bulk limits shall be permitted upon approval by the City Planning Commission according to the procedures for Conditional Use approval in Section 303 of the Code.

Based on the current schematic design the site plan and building layout differs somewhat from that proposed in the Institutional Master Plan; however, the overall proposed project would be consistent with the planned development and use of the site as outlined in the Institutional Master Plan.

Once the Final EIR is certified, the Planning Department will be required to review the project for consistency with the General Plan, Planning Code, Institutional Master Plan, and Accountable Planning Initiative policies prior to granting any of the above-mentioned approvals and issuance of building and demolition permits by the Department of Building Inspection.

B2. Transportation, Circulation and Parking

Traffic generated by the proposed project would be associated with new construction of the Main Hospital, assisted living facility, and proposed outpatient program expansion. During the weekday PM peak hour, the Main Hospital would generate approximately 229 vehicle and transit trips, 26 of which would be net new trips. The assisted living facility would generate about 36 new vehicle trips, and the outpatient patient expansion services about 14 new vehicle trips.

The transportation impact analysis evaluated Existing Plus Project and future 2015 Cumulative traffic conditions. Five intersections in the project vicinity were analyzed. These include three signalized intersections (Dewey Boulevard/Laguna Honda Boulevard/Woodside Avenue; Woodside Avenue/O'Shaughnessy Boulevard/Portola Drive; and the Woodside Hospital Access Driveway, which is planned for signalization and improvements by Fall 2002). The two unsignalized intersections include Clarendon Avenue/Laguna Honda Boulevard and the Hospital Main Access Driveway. Under Existing Plus Project conditions, all intersections would operate at Level of Service (LOS) C or better. Under 2015 Cumulative operating conditions, the intersection of Woodside/O'Shaughnessy/Portola would worsen to operate at LOS E, and the westbound approach at the intersection of Clarendon Avenue/Laguna Honda Boulevard would worsen to operate at LOS F. The project would contribute 3 and 4 percent of the traffic, respectively, at these intersections, which would not be a considerable contribution to cumulative traffic impacts. The remaining intersections (including all stop-controlled approaches) would operate at LOS C or better under future 2015 Cumulative conditions.

The project would generate about 26 net new transit trips during the PM peak hour, which would not affect existing MUNI peak hour capacity utilization. The proposed project would provide 655 parking spaces, a net increase of 52 spaces over the existing 603 on-site designated parking spaces. The project would result in an unmet parking demand of 58 spaces, which could be partially accommodated on-site and on adjacent major arterials. The proposed project is anticipated to result in a minimal increase in pedestrian and bicycle traffic in the vicinity of the project site. The project would provide a total of

nine off-street freight loading spaces, five more than the minimum number required by the Planning Code.

During the construction period, there would be a flow of construction-related trucks into and out of the site. The impact of construction truck traffic would be a temporary lessening of the capacities of streets due to the slower movement and larger turning radii of trucks, which would affect both traffic and MUNI operations. Based on preliminary construction plans, truck traffic would range from an average of seven trucks per day to a peak of 15 trucks per day. The peak truck traffic would occur during the first year of Phase Two, in 2004.

During most phases of construction, it is anticipated that construction-related parking could be accommodated within the project site. During the peak construction period, the project sponsor and contractor may need to make arrangements at remote parking facilities to provide shuttle service to the site for both construction workers and hospital employees.

The project would not result in significant transportation impacts under Existing Plus Project and future 2015 Cumulative traffic conditions. Construction traffic effects would not be considered significant.

B3. Visual Quality

The project site is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. The project site's visibility is somewhat limited due to a combination of intervening topography and existing vegetation, although unobstructed views of the site are available from publicly-accessible Twin Peaks Park.

Overall, the proposed project would involve the construction of new hospital buildings and a new parking lot, plus reconfiguration of other parking lots on campus, in an area that is already developed. The heights of the new buildings would be similar to those of the existing buildings on the site. The project would not substantially block or alter scenic vistas from public viewpoints in the area. Also, for the most part, the addition of the new buildings would not substantially change the character of the surrounding area. From Twin Peaks Park, however, the proposed hospital buildings would negatively affect the character of the surrounding area due to the large-scale and more visible nature of the proposed buildings. This is considered to be a significant impact. The project sponsor has agreed to implement mitigation measures described in **Section 4.0, Mitigation Measures** that would reduce this impact to a less-than-significant level.

Although the project involves the removal of trees, this action would not result in a significant change to the visual character of the area. The majority of trees proposed to be removed are within the site's

interior and would not affect the dense stand of trees located along the northern, eastern, and western perimeter of the site. The proposed project, therefore, would not result in a significant impact associated with tree removal.

The proposed project would create a shift in light sources and would introduce new light sources in certain portions of the hospital campus. These changes would not represent a new source of substantial light given the developed nature of the area. In addition, the proposed lighting fixtures would be designed to minimize glare and off-site impacts. Therefore, impacts associated with light and glare are considered less than significant.

B4. Construction Noise

The proposed project would involve a multi-phase construction period that would last about eight years. This EIR analysis considered the effects of estimated construction noise levels during each phase on sensitive receptors near the project site as well as on-site hospital residents. Determinations were made on the basis of the City Noise Ordinance, the potential for speech interference, and generally accepted thresholds for interior noise levels at hospitals.

Construction noise levels associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact. Residents along Dellbrook Avenue would be the off-site sensitive receptors most affected by project construction noise. Although construction noise during all project phases would noticeably increase ambient noise levels at times at some Dellbrook residences, the impact would be less than significant because the noise would not interfere with speech. Residents of the senior housing just south of the project site would be subject to significant speech interference due to construction noise during Phase Three-B, when some of the existing Main Hospital Building wings would be demolished and during a later phase when an assisted living facility would be constructed. Some hospital residents could be significantly affected by noise at times during each phase of construction, because the estimated interior noise levels would be above 45 dBA. Therefore, the proposed project would result in a significant impact on hospital residents due to construction noise. The project sponsor has agreed to implement mitigation measures, as described in **Section 4.0, Mitigation Measures**, that would reduce all construction noise impacts to a less-than-significant level except for construction noise impacts to hospital residents, which would remain significant and unavoidable.

B5. Historic Architectural Resources

The proposed project at Laguna Honda hospital would result in the partial demolition of the Main

Hospital Building and the complete demolition all other hospital buildings: Clarendon Hall, bridge building, garage, laundry, boiler house, and greenhouse. The hospital complex has been formally determined eligible for the National Register of Historic Places as an historic district under Criterion A, contribution to a broad pattern of events, for its association with the development of health care in San Francisco. Additionally, the Main Hospital Building and Clarendon Hall appear to be individually significant under Criterion C for their association with significant Bay Area architects Newton Tharp and John Reid, Jr. The demolition of these significant structures would be a significant impact. The project sponsor has agreed to implement mitigation measures described in **Section 4.0, Mitigation Measures**, that would reduce this impact; however, the impact would remain significant and unavoidable.

B6. Hazards

A Phase I Environmental Site Assessment was conducted for the Laguna Honda hospital complex to determine the extent to which hazardous materials and/or wastes may be present on the complex. Aerial photographs were reviewed, agency databases were searched, and a site visit was conducted. It was determined that asbestos-containing materials are present on site and lead-based paint is likely to be present. Because the project sponsor would be required to comply with existing rules and regulations pertaining to the removal and disposal of asbestos and lead-based paint, no significant impacts regarding those materials are identified.

Site records indicate the potential former presence of up to three incinerators. Hazardous material releases may have occurred in the vicinity of the incinerators. Historical and existing underground storage tank locations were identified which may be sources of potential contamination. Construction workers may encounter soil and/or groundwater contamination during site preparation activities, potentially exposing them and the public to hazardous substances. This is considered a potentially significant impact. The project sponsor has agreed to implement mitigation measures that are described in **Section 4.0, Mitigation Measures**, which would reduce this impact to a less-than-significant level.

The Initial Study conducted for this project determined that the proposed project would not interfere with execution of any emergency response plans or increase the risk of fire hazards (see **Appendix 1.0**). Therefore, those topics are not addressed further in this EIR.

C. MITIGATION MEASURES

Below is a list of mitigation measures identified in this EIR or in the Initial Study as necessary to mitigate significant environmental effects. Mitigation measures would reduce but not eliminate

significant construction noise and architectural resources impacts.

C1. Visual Quality (Section 3.3 of the EIR)

The project sponsor has agreed to include the following mitigation measures as part of the proposed project.

1. Site Landscaping. The project-landscaping contractor shall plant trees and/or other screening landscaping east of the proposed Link Building. Trees planted in this area would screen views of the lower portion of the new Link Building seen from Twin Peaks Park. The planting shall occur during landscaping of the area east of the Link Building, and prior to final project completion. The trees to be planted shall be shown on the final project landscaping plans, to be completed concurrent with the Link Building building permit.

2. Roofing Design and Color Treatment. The project's architect shall utilize a roof design that is suitable for highly visible conditions and compliments the clay tile roof used on the existing Main Hospital Building. The architect shall also use color to reduce the apparent visual scale of the new buildings. These features of the project design shall be included in the final project plans to be completed prior to issuance of the building permit.

3. Link Building Massing. The project's architect shall avoid a single monolithic building mass for the east side of the Link Building by expressing the building's programmed volumes as several distinct elements. These features of the project design shall be included in the final project plans to be completed prior to issuance of the building permit.

4. Link Building Landscape Features. The project's architect shall design open terraces on the east side of the Link Building to include trees in containers or other landscaping to soften and screen the building's profile. These features of the project design shall be included in the final project plans to be completed prior to issuance of the building permit.

The above measures would help to soften the appearance of the proposed structures and would lessen the prominence of the buildings as seen from Twin Peaks Park. Trees planted along the Link Building would help screen the proposed building as seen from Twin Peaks Park. In addition, the roof tops of the existing Main Hospital Building, Clarendon Hall, and bridge structure match and blend in with the character of the surrounding neighborhoods as seen from off site views. Implementation of the above mitigation measures would reduce significant impacts related to scenic view impairment to a less-than-significant level.

C2. Construction Noise (Section 3.4 of the EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

The construction contractor shall be required to implement noise control techniques to minimize disturbance to adjacent hospital and residential receptors during project construction. Specific noise control measures shall include the following:

1. Although the Noise Ordinance noise limit for construction equipment is 80 dBA at 100 feet, construction equipment shall not generate noise levels above the mitigated levels listed in **Table 3.4-2,** in **Section 3.4, Construction** Noise (75 to 80 dBA at 50 feet) to minimize noise impacts on hospital and nearby residential receptors. As indicated in **Table 3.4-2,** such levels are achievable if feasible noise controls are implemented. Feasible noise controls include improved mufflers, equipment redesign, use of intake silencers, ducts, engine enclosures, and acoustically-attenuating shields or shrouds.

2. Equipment used for project construction shall be hydraulically or electrically powered impact tools (e.g., jack hammers and pavement breakers,) wherever possible to avoid noise associated with compressed air exhaust from pneumatically-powered tools. However, where use of pneumatically-powered tools is unavoidable, an exhaust muffler on the compressed air exhaust shall be used; this muffler could lower noise levels from the exhaust by up to about 10 dBA. External jackets on the tools themselves should be used where feasible, and this could achieve a reduction of 5 dBA. Quieter procedures shall be used such as drilling rather than impact equipment whenever feasible.

3. Stationary noise sources shall be located as far from existing sensitive receptors as possible, particularly hospital patient rooms, residences on Dellbrook Avenue, and the senior living facility. To the extent feasible, concrete crushers shall be located so that existing buildings block noise for adjacent receptors. Portable sound blankets shall be used wherever feasible to reduce noise generated by concrete crushers at hospital patient rooms, residences on Dellbrook Avenue, and the senior living facility. Such blankets can provide up to a 10-dBA noise reduction.

4. If stationary sources must be located near existing receptors, they shall be adequately muffled and enclosed within temporary sheds.

5. During construction of new buildings, the exterior facades facing existing hospital sensitive receptors or the Dellbrook Avenue neighborhood shall be enclosed as early in the construction process as feasible. During demolition, exterior facades located closest to existing adjacent hospital and residential receptors (primarily the hospital buildings patient rooms, senior living facility, and Dellbrook Avenue neighborhood) shall be retained as long as feasible to maximize noise-

shielding effects.

6. During all construction phases, there shall be close coordination between construction staff and hospital staff. Hospital staff shall be made aware of the construction schedule and activities. Because a limited number of patients do react unpredictably to disorienting sensory cues (e.g., auditory, visual, olfactory, etc.), their exposure to such stimuli should be minimized. In a managed care environment, the caregivers are generally well aware of which patients are likely to experience a possibly adverse response. To the extent feasible, patients shall be moved to rooms away from construction activities during the noisier construction phases. Alternatively, the hospital shall make ear mufflers available to patients disturbed by construction noise. Portable fans shall be made available to provide interior air circulation and allow windows to remain closed. Construction contractors shall be made aware of the need to accomplish a given task with a minimum of extraneous noise or other disturbances while working in proximity to existing hospital patient rooms.

7. During all construction phases, locations of access roads, delivery routes, and loading docks shall be selected to minimize exposure to adjacent residential receptors as well as on-site hospital patient receptors, using existing building facades to provide maximum shielding for these receptors.

8. A designated complaint coordinator shall be responsible for responding to noise complaints during the construction phase. The name and phone number of the complaint coordinator shall be conspicuously posted at construction areas and on all advanced notifications. This person shall maintain a log of complaints received and take steps to resolve complaints, including periodic noise monitoring, if necessary, to ensure that significance thresholds are not exceeded by project construction activities.

As indicated in **Tables 4.0-1** through **4.0-6**, in **Section 4.0, Mitigation Measures**, implementation of feasible noise controls as described in Mitigation Measure 1 above would reduce construction-related noise increases (increases in daytime ambient noise levels would be less than 5 dBA) at all identified sensitive receptors except residences on Dellbrook Avenue, the senior living facility (during Phase Three-B only), and hospital resident rooms. Mitigation Measure 1 would also reduce construction noise levels to below the City's Noise Ordinance 80-dBA noise limit (at 100 feet). Implementation of the additional Mitigation Measures 2 through 8 would reduce the adverse effects of construction noise on sensitive receptors, particularly the Dellbrook Avenue, senior living facility, and hospital receptors, by reducing construction noise levels to below the 80-dBA speech interference criterion. As indicated in **Tables 4.0-1** through **4.0-6**, in **Section 4.0, Mitigation Measures**, implementation of the above measures would mitigate noise impacts on identified off-site residential receptors to a less-than-significant level. The 45-dBA criterion could not be met during a portion of construction Phases One and Two at

hospital receptors, however. Also, the use of impact equipment during construction Phase Three-A would not be mitigated to a less-than-significant level. Therefore, construction noise impacts on hospital receptors cannot be mitigated to a less-than-significant level and would remain significant and unavoidable during portions of Phases One, Two, and Phase Three-A.

C3. Historic Architectural Resources (Section 3.5 of the EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

There are few, if any measures that can mitigate the loss of this significant group of buildings to a less-than-significant level. It is not possible, under CEQA, to mitigate the loss of a resource significant for its historic association and architecture with photographic documentation, original architectural plans, or salvaged materials. Therefore, impacts related to the partial demolition of the Main Hospital Building and complete demolition of Clarendon Hall, bridge building, garage, laundry, boiler house, farm building and greenhouse would remain significant and unavoidable.

1. Prior to demolition, the project sponsor shall provide adequate documentation of the existing hospital complex. The documentation shall be submitted to the City and County of San Francisco Planning Department and found to be adequate prior to authorization of any permit that may be required for demolition of the buildings. In addition, the project sponsor shall prepare and transmit the photographs and descriptions of the property to the History Room of the San Francisco Public Library and the Northwest Information Center of the California Historic Information Resource System. The documentation shall include:

   (i) A video documentary of the property.

   (ii) Photo-documentation of the property to Historic American Building Survey Standards. The standard size of negatives and transparencies (and accompanying prints) are 5-by-7 inches. Other large-format sizes such as 4-by-5 inches and 8-by-10 inches are also acceptable for formal documentation. Roll film, film packs and electronic manipulation of images are not acceptable.

   Images must be fully identified with the name and location of the structure, a description of the feature or view being photographed and the direction in which the photograph was taken, as well as the name of the photographer and the date created.

   (iii) Black and white, 35 millimeter photographs of the hospital and grounds. Negatives and 5-by-7 inch prints should be processed to meet archival requirements (i.e., negatives must be on safety film only; resin-coated paper is not accepted). Photographs would include, but not be limited to, the following: exterior elevations of each building; interior spaces, including lobbies, common rooms, representative patient rooms, and recreation rooms; surrounding landscaping, including historic retaining walls and courtyards; any plant materials proposed for removal; and views of the hospital grounds from public streets.

(iv) An on-site display interpreting the hospital's history.

(v) The available original plans of the hospital buildings shall be included as part of the documentation. All drawings and site plans shall be appropriately conserved at the site or at a qualified repository.

2. Prior to demolition, the project sponsor shall salvage the character-defining elements of the existing buildings that are considered to be historically significant, as determined by a qualified architectural historian, (and can feasibly be salvaged) and shall seek to donate those elements to an organization such as a local historical society. The features to be salvaged shall be determined by the City following consultation with a qualified historic resources firm. Features to be salvaged should include primary character-defining features, such as the terra cotta details and coping, windows, doors, hardware, tile roofs, tile work, and skylights. Many of the character-defining features such as the location of the hospital buildings on the site and the relationship of the buildings to the site, cannot be salvaged. Donation of the materials to the historical society or other entity approved by the City shall be confirmed by the City prior to the issuance of demolition permits.

No additional mitigation is feasible for impacts related to demolition of the buildings, due to the limited options available when demolition is proposed. These mitigation measures will not lessen impacts to a less-than-significant level; therefore, impacts to historic architectural resources would remain significant and unavoidable.

C4. Hazards (Section 3.6 of the EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

1. Prior to any demolition or excavation at the project site, the project sponsor shall conduct surveys to identify any PCB- or mercury-containing materials in existing structures proposed for demolition or renovation. If sampling identifies the presence of such materials, they shall be removed and disposed of at an approved site in accordance with applicable local, state, and federal regulations.

2. The project sponsor shall conduct one or more Phase II Environmental Site Assessments of the project site, as necessary, to ensure that all areas of suspected surface and subsurface contamination subject to ground disturbance during site development activities are sampled. Soil or groundwater samples, or both, would be collected in such areas as directed by the site assessment consultant and based on the conclusions of the Phase I Environmental Site Assessment. Sampling would extend at least to depths proposed for excavation. The samples shall be collected in accessible areas prior to any site

development activities, and in areas that are not currently accessible during proposed demolition activities. The samples shall be analyzed to identify and quantify any contamination. These studies shall be completed by a Registered Environmental Assessor (REA) or a similarly qualified individual.

3. If the sampling conducted pursuant to Mitigation Measure 2 identifies surface and/or subsurface contamination in areas subject to ground disturbance, the area shall be remediated in accordance with the standards, regulations, and determinations of local, state, and federal regulatory agencies. The project sponsor shall coordinate with the Department of Public Health and any other applicable regulatory agencies to adopt contaminant-specific remediation target levels. The hazardous substances shall be removed and disposed of at an approved site, or other appropriate actions shall be taken.

4. Prior to conducting any remediation activities a Site Health and Safety Plan would be prepared pursuant to California Division of Occupational Safety and Health (Cal-OSHA) requirements and National Institute for Occupational Safety and Health guidance to ensure worker safety. Under Cal-OSHA requirements, the Site Health and Safety Plan would need to be prepared prior to initiating any earth-moving activities at the site. The Site Health and Safety Plan shall identify protocols for managing soils during construction to minimize worker and public exposure to contaminated soils. The protocols shall include at a minimum:

   (i) Characterization of excavated native soils proposed for use on site prior to placement to confirm that the soil meets appropriate standards.

   (ii) The dust controls specified in Air Quality Mitigation Measure 1.

   (iii) Protocols for managing stockpiled and excavated soils.

   The Site Health and Safety Plan shall identify site access controls to be implemented from the time of surface disruption through the completion of earthwork construction. The protocols shall include at a minimum:

   (i) Appropriate site security to prevent unauthorized pedestrian/vehicular entry, such as fencing or other barrier or sufficient height and structural integrity to prevent entry and based upon the degree of control required.

   (ii) Posting of "no trespassing" signs.

   (iii) Providing on-site meetings with construction workers to inform them about security measures and reporting/contingency procedures.

   If groundwater contamination is identified, the Site Health and Safety Plan shall identify protocols for managing groundwater during construction to minimize worker and public exposure to

contaminated groundwater. The protocols shall include procedures to prevent unacceptable migration of contamination from defined plumes during dewatering.

The Site Health and Safety Plan shall include a requirement that construction personnel be trained to recognize potential hazards associated with underground features that could contain hazardous substances, previously unidentified contamination, or buried hazardous debris.

The Site Health and Safety Plan shall include procedures for implementing a contingency plan, including appropriate notification and control procedures, in the event unanticipated subsurface hazards are discovered during construction. Control procedures could include, but would not be limited to, further investigation and removal of underground storage tanks or other hazards.

5. Wherever ground-disturbing activities are proposed in areas where the Phase I and/or Phase II Environmental Site Assessment identified the potential presence of underground storage tanks or related piping, the project sponsor shall utilize ground-penetrating radar, magnetic surveys, or other appropriate methods to locate underground storage tanks. If any are identified, the project sponsor shall coordinate with the San Francisco Department of Public Health's Local Oversight Program to determine whether they must be removed or whether they may remain closed in place. These surveys shall be completed by an REA or a similarly qualified individual.

6. All reports and plans prepared in accordance with the above Hazards mitigation measures shall be provided to the San Francisco Department of Public Health and any other appropriate agencies identified by the Department of Public Health. When all hazardous material have been removed from existing buildings, and soil and groundwater analysis and other activities have been completed, as appropriate, the project sponsor shall submit to the San Francisco Planning Department and the Department of Public Health (and any other agencies identified by the Department of Public Health) a report stating that the applicable mitigation measure(s) has (have) been implemented. The report shall describe the steps taken to comply with the mitigation measure(s) and include all verifying documentation. The report shall be certified by an REA or similarly qualified individual who states that all necessary mitigation measures have been implemented, and specifying those mitigation measures that have been implemented.

Implementation of Mitigation Measure 1 would reduce impacts associated with hazardous building materials to a less-than-significant level. Implementation of Mitigation Measures 2 through 6 would reduce impacts associated with soil and groundwater contamination to a less-than-significant level.

C6. Air Quality (Section III.B.6 of Initial Study)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

1. In accordance with the Bay Area Air Quality Management District (BAAQMD) *CEQA Guidelines*, the project sponsor shall require the contractor(s) to spray the site with water during demolition, excavation, and construction activities; spray unpaved construction areas with water at least twice per day; cover stockpiles of soil, sand, and other material; cover trucks hauling debris, soils, sand, or other such material; and sweep surrounding streets during demolition, excavation, and construction at least once per day to reduce particulate emissions. Ordinance 175-91, passed by the Board of Supervisors on May 6, 1991, requires that non-potable water be used for dust control activities. Therefore, the project sponsor shall require that the contractor(s) obtain reclaimed water from the San Francisco Public Utilities Commission Clean Water Program for this purpose. The project sponsor shall require the project contractor(s) to maintain and operate construction equipment so as to minimize exhaust emissions of particulates and other pollutants, by such means as a prohibition on idling motors when equipment is not in use or when trucks are waiting in queues, and implementation of specific maintenance programs to reduce emissions for equipment that would be in frequent use for much of the construction period.

Implementation of the above mitigation measure would reduce construction-related air quality impacts to a less-than-significant level.

C7. Archaeological Resources (Section III.B.13 of Initial Study)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

1. The project sponsor shall retain the services of an archaeologist to inspect the exposed terrain following the demolition of existing structures; further assessment of the potential for historic cultural deposits and features can be made at that time. The archaeologist shall be notified a minimum of five days in advance of any demolition or excavation activity in the area.

   If evidence of prehistoric or historic archaeological resources of potential significance were found during any construction excavation or land alteration activities, the archeologist shall immediately notify the Environmental Review Officer, and a professional archaeologist would be consulted. The project sponsor shall halt any activities that the archaeologist and the Environmental Review Officer jointly determine could cause damage to such cultural resources.

After notifying the Environmental Review Officer, the archaeologist shall prepare a written report to be submitted first and directly to the Environmental Review Officer, with a copy to the project sponsor, which shall contain an assessment of the potential significance of the find and recommendations for what measure should be implemented to minimize potential effects on prehistoric and historic archaeological resources. Based on this report, the Environmental Review Officer would recommend specific additional measures to be implemented by the project sponsor. These additional measures could include a site security program, additional on-site investigations by the archaeologist, or documentation, preservation, and recovery of cultural material.

Finally, the archaeologist shall prepare a report documenting the cultural resources that were discovered, an evaluation as to their significance, and a description as to how any further archaeological testing, exploration, or recovery program is to be conducted.

Copies of all draft reports prepared according to this mitigation measure shall be sent first and directly to the Environmental Review Officer for review. Following approval by the Environmental Review Officer, copies of the final reports shall be sent by the archaeologist directly to the President of the Landmarks Preservation Advisory Board and the California Archaeological Site Survey Northwest Information Center. Three copies of the final archaeology reports shall be submitted to the Environmental Review Officer, accompanied by copies of the transmittals documenting its distribution.

Implementation of the above mitigation measure would reduce impacts to archaeological resources to a less-than-significant level.

D. ALTERNATIVES

The EIR considers three alternatives to the proposed project: the No Project Alternative and two preservation alternatives intended to reduce impacts to historic architectural resources.

No Project Alternative

One of two general scenarios could occur under the No Project Alternative. The existing facilities could be renovated to allow continued operation and 50 percent of the residents currently cared for at the hospital would need to find care elsewhere, or, alternatively, the hospital could be shut down and all of the residents would have to find care elsewhere. Either of these scenarios would most likely require construction of additional facilities outside of San Francisco. If the hospital were shut down, the project sponsor might decide to (1) abandon the buildings and allow them to deteriorate, (2) develop

the site for some other use, or (3) sell the site to a private party who might develop the site for some other use.

The No Project Alternative would disrupt and displace patient care in San Francisco for many of the City's indigent population. Some environmental impacts would occur since either the existing buildings on site would need to be renovated and brought up to code and/or additional facilities would likely need to be constructed elsewhere to provide care for the residents who would be displaced. Renovating the existing buildings would be costly, would provide inefficient patient care, and would only accommodate approximately 50 percent of the current resident population. However, it is unlikely that the buildings would be renovated for skilled nursing use. Most or all of the project's objectives would not be met under the No Project Alternative.

Partial Preservation Alternative One

Alternative One would retain and rehabilitate Clarendon Hall as an assisted living facility and retain and rehabilitate portions of the Main Hospital Building including Wings A, B, C, and H for administrative purposes. This alternative would substantially reduce the level of impacts to historic architectural resources by preserving Clarendon Hall; however, the impact to historic architectural resources would still be significant. Construction noise impacts to hospital residents would be reduced to a less-than-significant level during one of the construction phases. A new significant construction noise impact could occur to residents along Dellbrook Avenue. The visual impact from Twin Peaks Park would be slightly different under this alternative, but would still be significant. Impacts regarding land use and planning and transportation, circulation, and parking would be less than significant. This alternative would meet 12 of the 20 project objectives.

Partial Preservation Alternative Two

Alternative Two would retain and rehabilitate portions of the Main Hospital Building, including Wings A, B, C, and H for administrative use and Wings D, E, and K and portions of Wings F, G, and L as an assisted living facility. This alternative would reduce the level of impacts to historic architectural resources by retaining Wings D, E, and K and portions of Wings F, G, and L of the Main Hospital Building. Although other wings would be demolished under this alternative, the retention of the additional wings would leave more of the building intact. However, impacts to historic architectural resources would still be significant. Construction noise levels during Phase Three-B would be lower than under the proposed project, but would still be significant. The amount of on-site parking spaces would be reduced with this alternative, but impacts to transportation, circulation, and parking would be less than significant. Impacts regarding land use and planning and would be similar to those of the

proposed project; i.e., less than significant. This alternative would have the same significant impact to views from Twin Peaks Park as under the proposed project. Alternative Two would meet 16 of the 20 project objectives.

E. UNRESOLVED ISSUES AND AREAS OF CONTROVERSY

During the public scoping period, three letters were received that commented on issues or areas of known controversy. One letter was from a neighborhood association and two letters were from public agencies. These letters are included in **Appendix 1.0**.

Issues raised by the Forest Hill Association include: effects of construction noise on the surrounding residential district; effects of the placement of new buildings on existing open space; aesthetic effects of planned tree removal on the project site; effects of increased project traffic at the Laguna Honda Boulevard and Dewey Boulevard intersection; and compatibility of proposed new buildings with existing zoning regulations. These issues are addressed in Sections 3.1 through 3.4 of this EIR.

The State Office of Historic Preservation commented that the project site contains known historic structures and historic resources. They stated that the proposed project's effects on these resources need to be addressed. Historic architectural resources are addressed in Section 3.5 of this EIR.

The California Environmental Protection Agency Department of Toxic Substances Control commented on several hazardous substances issues discussed in the Initial Study. Issues raised in their letter include potential effects to public health and the environment from encountering (1) asbestos-containing materials and lead-based paint during building demolition activities and (2) potentially contaminated soil and/or groundwater during construction in areas where hazardous materials were stored and where three potential former incinerators were located. These issues are addressed in Section 3.6 of this EIR.

2.0 PROJECT DESCRIPTION

The purpose of the Project Description is to describe the project in a way that will be meaningful to the public, reviewing agencies, and decision makers. CEQA Guidelines Section 15124 requires that a complete project description contain the following information: 1) a statement of objectives sought by the proposed project (the underlying purpose should be included); 2) the precise location and boundaries of the proposed project shown on a detailed map; 3) a general description of the project's technical, economic, and environmental characteristics; and 4) a statement briefly describing the intended uses of the EIR, including a list of the agencies that are expected to use the EIR in their decision making, a list of the permits and other approvals required to implement the project, and a list of related environmental review and consultation requirements from federal, state, or local laws, regulations, or policies. According to the CEQA Guidelines, an adequate project description need not be exhaustive, but should supply the details necessary for project evaluation.

A. PROJECT OBJECTIVES

The need for long-term care (both community-based and hospital-based) will grow over the next two decades. An estimated 6 percent of the San Francisco population between the ages of 18 and 64, and 23 percent of the San Francisco population over the age of 65, have mobility problems or limitations in caring for themselves. Some of these individuals can be cared for in their homes or in less intensive settings, while others will require skilled nursing in institutions such as the Laguna Honda Hospital and Rehabilitation Facility (Laguna Honda hospital). A shortage of 2,380 skilled nursing facility (SNF) beds[1] in San Francisco is predicted by the year 2020 assuming that the need for SNF beds will continue at the existing rate (i.e., 33 SNF beds for every 1,000 individuals aged 65 and older).

The existing open ward arrangement of patient care areas in which 26 to 30 residents are housed in one large room at Laguna Honda hospital does not comply with current State and Federal regulations, which allow for no more than 4 patients per room and no more than a 150-foot travel distance from a nurses' station to the entry into a patient room. Laguna Honda hospital currently operates under special waivers from regulatory agencies; however, these waivers may be revoked at any time. The Centers for Medicare and Medicaid Services (CMS) has required the San Francisco Health Department to reduce the hospital census (the number of Laguna Honda hospital residents) to enhance resident privacy. If

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1 One SNF bed can serve more than one person per year.

Laguna Honda hospital is not rebuilt in accordance with Federal standards, the CMS may seek further reductions in Laguna Honda hospital's census or it may decertify the facility.

In addition, existing Laguna Honda hospital facilities do not comply with current building code requirements related to fire and life safety; handicapped accessibility; mechanical ventilation, filtration, and air conditioning; and seismic safety.

On November 2, 1999, the San Francisco voters overwhelmingly approved a bond measure, Proposition A, to replace Laguna Honda hospital.

Given the above, the project sponsor has defined the following objectives for the Laguna Honda Hospital Replacement project. Objectives 8, 9, 10, 11, 12, 14, 16, 17, and 19 are design criteria that were developed by the City and County of San Francisco, Department of Public Health, through a benchmarking process that included convening a National Advisory Council and visiting local and national long-term care facilities.

1. Continue to provide skilled nursing facility care on campus without a reduction in census. This will ensure that elderly and disabled adults who cannot be cared for in the community have access to vital medical services provided in a skilled nursing facility.

2. Provide assisted living units on campus. This will address a deficit in the number of assisted living opportunities for the elderly and disabled in the City and County.

3. Locate the assisted living units where their residents would have convenient access to the campus outpatient services and community resources.

4. Ensure that all Laguna Honda hospital buildings used for resident care comply with Federal and State licensing and building code standards. This will ensure that the Laguna Honda hospital will meet current Federal guidelines and continue to be eligible for MediCal reimbursement.

5. House all skilled nursing residents in buildings that meet current hospital seismic standards.

6. Continue services being provided at the current facility without interruption. This will ensure that Laguna Honda hospital will not be forced to relocate patients to other facilities during construction.

7. Protect the health and well being of frail residents by minimizing the number of moves required for construction phasing.

8. Resident Rooms. Each resident should have a window and a private bathroom.

9. Resident Floors. There should be a maximum of 60 residents per floor to optimize the use of nursing, dietary, and activity therapy staff. One nurse can manage no more than 60 patients. One food service worker is required to operate a galley to serve 60 residents. The activity therapy room should be centrally located near each of the resident households.

10. Social Environment. Provide a manageable social environment for the cognitively impaired by limiting the size of resident households to no more than 15 people and resident

floors to 60 beds. Each household should have its own living room and dining room and optimize the opportunity for daylighting.

11. Dining Service. Food should be provided from a galley that is central to each 60-resident floor using a bulk serve method, rather than room-to-room tray service. A dining room should be provided for each household of 15 residents.

12. Access to Outdoors. The design should take advantage of the campus to provide convenient, sheltered, and level access to the outdoors for the residents.

13. Views. The design should minimize the number of resident and social rooms whose views are limited by high retaining walls or deeps cuts into the existing grade.

14. Efficient Operations. Flow of materials horizontally through the campus should occur at the level of the loading docks. The design should minimize the number of elevator rides residents, staff, and visitors need to reach their destinations within onsite buildings.

15. Community Programs. The project should maximize opportunities for participation in community-based programs for seniors and the disabled. Provide covered, same-level access from shuttle vans and other transport to the spaces provided for Adult Day Health Care, the Senior Nutrition program, child care, and other community services.

16. Clear Organization and Wayfinding. The design should address the needs of residents and visitors by using visual and other cues for wayfinding to provide straightforward circulation choices.

17. Recognize Site History. The design should acknowledge the history of Laguna Honda hospital and its role in providing for the health care needs of the citizens of San Francisco.

18. Service Traffic. For public safety and resident comfort, the project should separate delivery trucks, laundry vans, trash service, hearse service, and ambulances from vehicles used by staff, patients, and the public to the maximum extent feasible.

19. Fixed Project Cost. The project cost should not exceed the available funding, which is limited to approximately $401.6 million[2] by the San Francisco proposition that authorized the project.

20. Aesthetics. To the extent feasible, enhance the visual quality of the campus at the site boundaries.

B. BACKGROUND

As mentioned previously in this document, an Initial Study was completed on February 2, 2001 (see **Section 1.0, Summary**, for a discussion of the CEQA process). Since the publication of the Initial Study, the project description for the Laguna Honda Hospital Replacement project has been refined. Although the basic project characteristics have remained the same, the proposed demolition, construction of new buildings, location of new buildings, improvements to circulation and parking, and phasing of the

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2 As provided for by Proposition A, funds available for the project are $299 million in general obligation bonds, and $100 million in tobacco settlement funds, plus applicable interest earnings.

project have been refined. **Table 2.0-1, Differences Between the Initial Study and EIR Project Descriptions**, shows the differences quantitatively.

Table 2.0-1
Differences Between the Initial Study and EIR Project Descriptions

Initial Study	Gross Square Feet	EIR	Gross Square Feet	Difference in Gross Square Feet
Proposed Development Plan:				
Demolition				
Main Hospital Building (Wings C, D, E, F, G, K, L, M, O)	400,000	Main Hospital Building (Wings D, E, F, G, K, L, M, O)	344,500	-55,500
Construction				
Hospital	630,000	Four new hospital buildings with connectors	781,979	+151,979
Parking spaces	648	Parking spaces	655	+7

Sources: Laguna Honda Hospital Replacement Program Initial Study; personal communication with Michael Lane, City and County of San Francisco Laguna Honda Hospital Replacement Program, and Jim Kautz, Anshen + Allen Architects, October 2001.

The locations of the assisted living facility and proposed hospital building have changed since the publication of the Initial Study. The assisted living facility would be located east of the Main Hospital Building instead of the current site of Clarendon Hall. The proposed hospital building now consists of four hospital buildings with connectors and would be located at the current sites of Clarendon Hall and the bridge buildings, and in Clarendon Valley (see discussion below for a detailed description of project characteristics). Also, a parking lot has been added to the proposed project and would be located northwest of the current site of Clarendon Hall. The refined project would not expand the internal access road. Lastly, the refined project would include the relocation of the laundry building to an off-site location.

The Initial Study has been reviewed to determine whether its conclusions are accurate given the changes that have occurred to the project. Because the changes would occur within the same construction zone (i.e., the same study area) as described in the Initial Study, and because the quantitative differences in gross square footage and parking spaces are relatively minor and the expected patient population and number of employees would be similar, the analysis in the Initial Study remains adequate.

C. PROJECT LOCATION

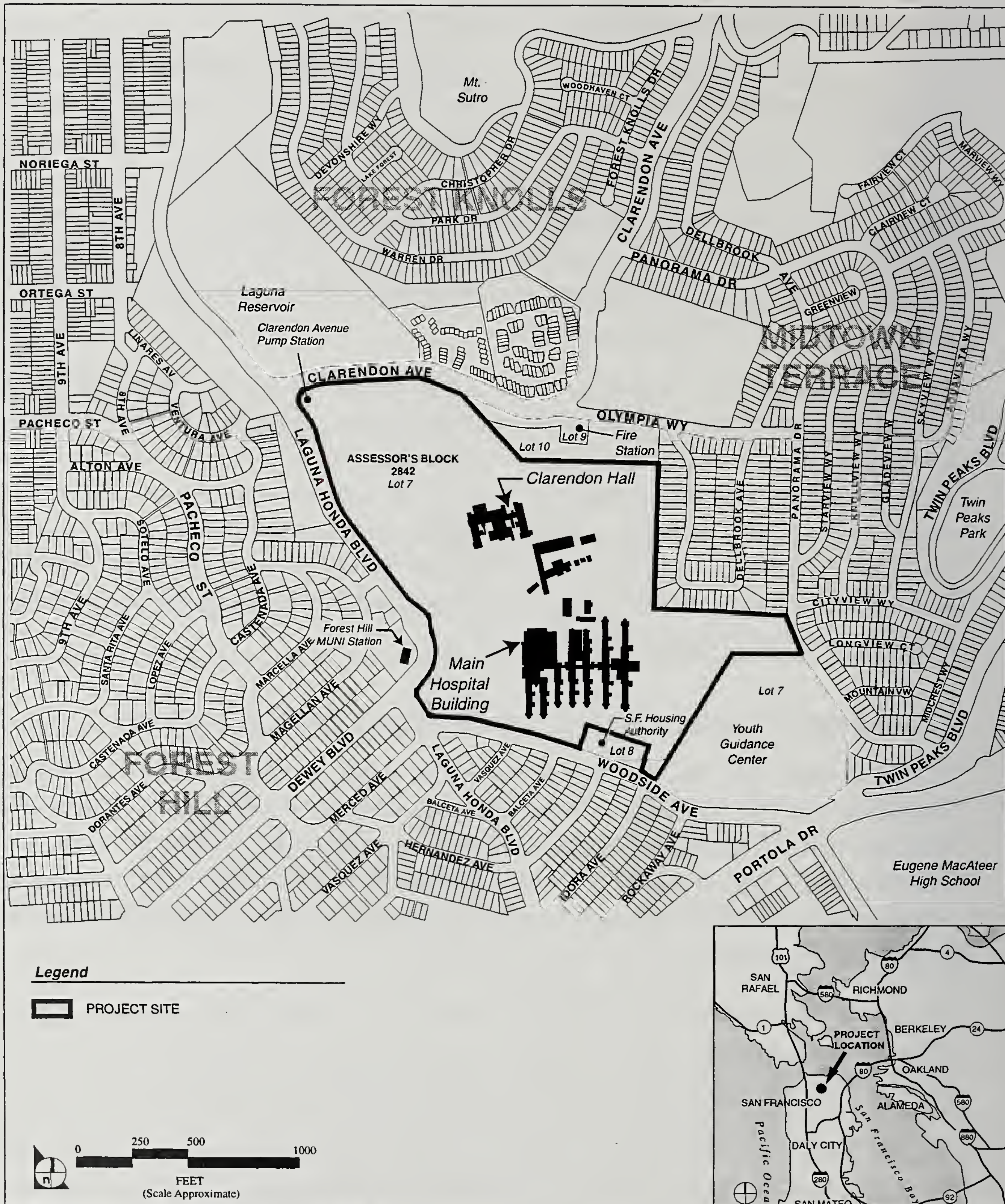
As shown in **Figure 2.0-1, Project Location**, the 62-acre Laguna Honda hospital campus is located on the western slopes of Twin Peaks in central San Francisco. The project campus is generally bounded by Dellbrook Avenue and Panorama Drive on the east, Clarendon Avenue and Olympia Way on the north, Woodside Avenue on the south, and Laguna Honda Boulevard on the west. The campus is owned by the City and County of San Francisco and encompasses most of Assessor's Block 2842, Lot 7 (the remainder of the block is occupied by the Youth Guidance Center (YGC), an area with housing operated by the San Francisco Housing Authority, the Clarendon Avenue Pump Station, a fire station, and a San Francisco Municipal Railway [MUNI] electrical substation).

Primary access to the campus is currently provided from Laguna Honda Boulevard at Dewey Boulevard; a secondary access from Woodside Avenue provides one lane for incoming traffic only. The campus is served by several public transportation lines (MUNI lines K, L, M, 36, 43, 44, and 52), which stop at the Forest Hill Station located across Laguna Honda Boulevard, approximately 1,000 feet southwest of Laguna Honda hospital's main entry. An additional bus stop (serving MUNI lines 36, 44, 52, and the L "Owl" [late-night service]) is located at the secondary access point on Woodside Avenue. A MUNI shuttle bus (Line 89) also delivers passengers from the Forest Hill Station to the Laguna Honda hospital main entrance from 6:30 AM to 3:00 PM daily.

D. EXISTING CONDITIONS, FACILITIES, AND SERVICES

As shown in **Figure 2.0-2, Existing Site Plan**, the existing campus is characterized by two principal hospital buildings, the Main Hospital Building and Clarendon Hall. Each building is situated on a knoll, and both are connected by a bridge building that spans the valley between the knolls, i.e., Clarendon Valley. Support facilities for the campus are located within Clarendon Valley. A retaining wall of approximately 1,000 feet in length and a varying height of 7 to 25 feet traverses the Woodside Avenue project boundary.

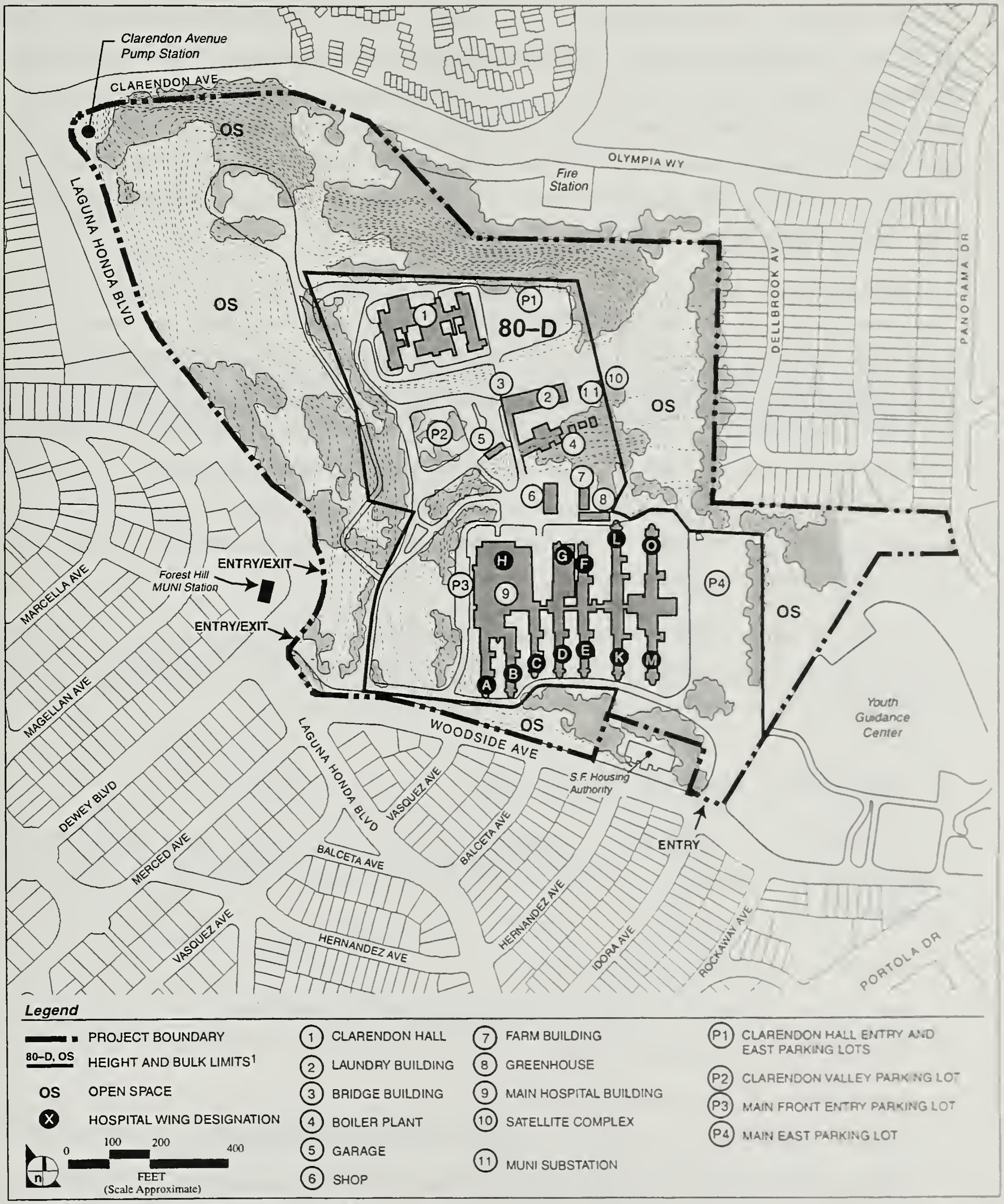
The campus is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. Elevations range from 390 feet above mean sea level (msl) in the northeastern portion of the campus to 620 feet above msl in the southeastern portion of the campus. The existing vegetation includes mature eucalyptus and other exotic trees and landscaped areas, as well as small areas of native vegetation scattered along the northern portion of the campus. The entire campus is within a P (Public Use) zoning district. The developed portions of the campus are within an 80-D height and bulk district; the undeveloped portions of the campus are in an OS (Open Space) height and bulk district.



SOURCE: City and County of San Francisco, Impact Sciences

FIGURE 2.0-1

Project Location



SOURCE: City and County of San Francisco, Impact Sciences

[1]The boundaries between the OS and 80-D height and bulk districtsis approximate.

FIGURE 2.0-2

Existing Site Plan

The existing Laguna Honda hospital provides long-term health care services for the elderly and disabled residents of the City and County of San Francisco. Laguna Honda hospital services include skilled nursing care, hospice, rehabilitation, acute medical, senior nutrition, and adult day health services. Existing Laguna Honda hospital buildings are mainly located in the southern and central portions of the campus, and include the Main Hospital Building, Clarendon Hall, a bridge building connecting these two buildings, and ancillary facilities, including a laundry building, boiler and power plant, shop building, garage, greenhouse, and farm building.

The Main Hospital Building has 11 parallel "finger" wings (Wings A, B, C, D, E, F, G, K, L, M, and O) off a central circulation corridor. (The letters I, J, and N were not used to designate wings of the existing Main Hospital Building; Wing H is not a finger wing.) The wings are five stories high. In addition to hospital beds, the Main Hospital Building provides administrative and community spaces, a theater and chapel, and a kitchen. Clarendon Hall is a three-story building and consists of wings for patients, operating and examination rooms, a kitchen and dining halls, a chapel, isolation wards for special cases, and facilities for nurses and other staff. Space in the existing buildings totals about 704,331 gross square feet. There are currently 603 off-street parking spaces and approximately 22 loading spaces located throughout the hospital complex.

Laguna Honda hospital, including Clarendon Hall, currently operates with an average of 1,065 skilled nursing beds and employs about 1,500 total employees. As recently as Fiscal Year 1997-1998, Laguna Honda hospital has operated with up to about 1,200 beds and 1,600 employees.

E. PROJECT CHARACTERISTICS

The proposed project would involve the replacement of most of the existing Laguna Honda hospital facilities, and the construction of additional facilities and parking spaces. The proposed project includes:

1. demolition of most of the existing facilities;
2. retention and renovation of a portion of the existing Main Hospital Building;
3. construction of new hospital buildings;
4. construction of an assisted living facility;
5. expansion of the existing outpatient programs and services by about 25 percent;
6. reconfiguration of existing parking lots and the construction of a new parking lot; and
7. beautification of campus features visible to neighboring areas.

E1. Proposed Demolition

Wings D, E, F, G, K, L, M, and O of the Main Hospital Building would be demolished. In addition, Clarendon Hall, and the existing laundry facility, boiler and power plant, bridge building, shop building, garage, greenhouse, and farm building would be demolished. Other small miscellaneous structures that would be demolished include the hazardous material shed and fueling station. See **Table 2.0-2, Proposed Development Plan**, and **Figure 2.0-3**, Proposed Demolition Plan.

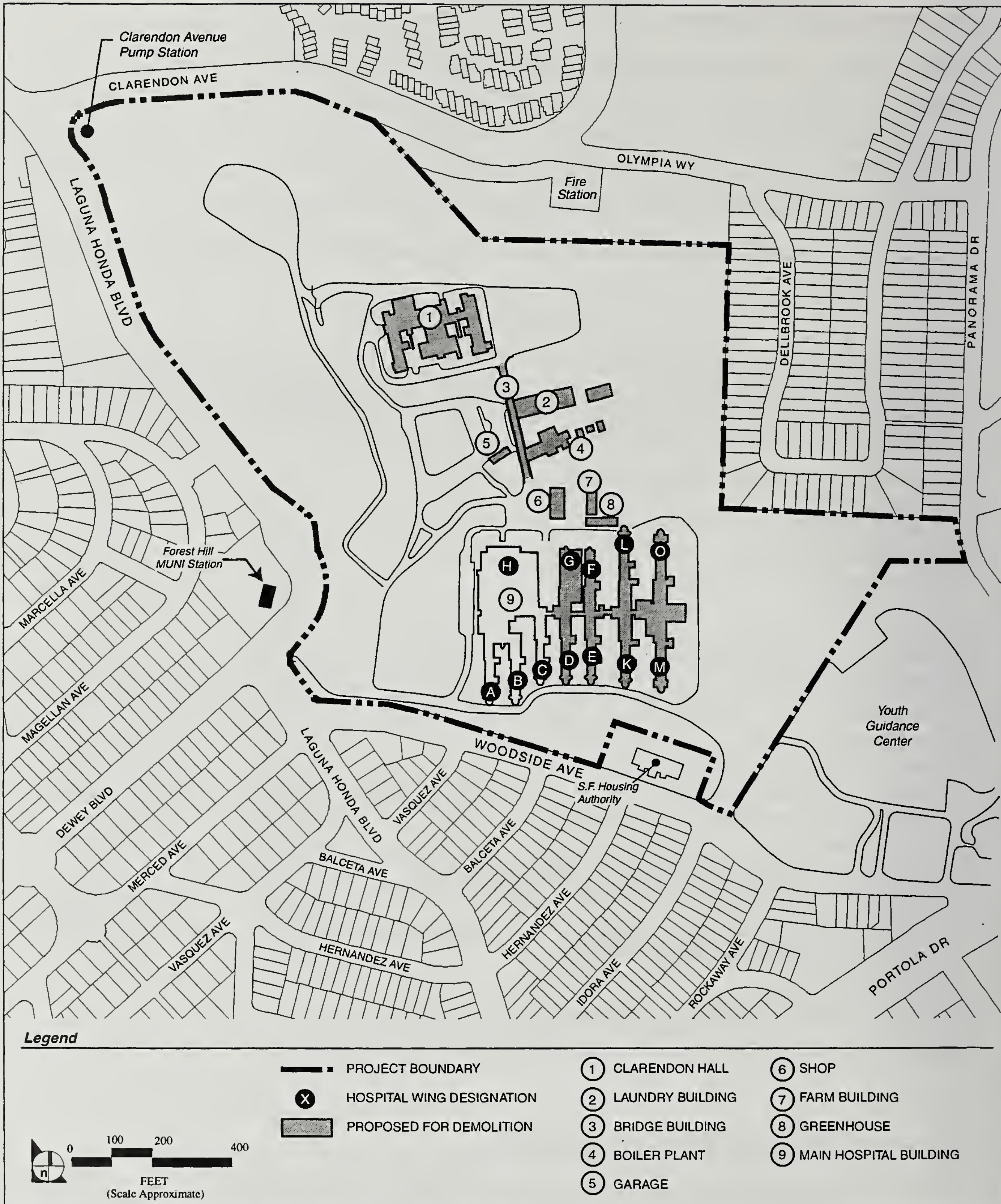
Table 2.0-2
Proposed Development Plan

Building/Facility Name	Gross Square Feet	Other
Demolition		
Main Hospital Building (Wings D, E, F, G, K, L, M, O)	344,500	N/A
Clarendon Hall	113,000	N/A
Laundry Building	9,500	N/A
Boiler and Power Plant	8,200	N/A
Bridge Building	13,900	N/A
Shop Building	7,500	N/A
Garage	1,800	N/A
Greenhouse and Farm Building	1,000	N/A
Total Demolition	**499,400**	N/A
Construction		
Greenhouse Building	146,976	5 stories; 300 beds
Clarendon Hill West Building	195,474	7 stories; 420 beds
Clarendon Hill East Building	195,474	7 stories; 420 beds
Connector between Clarendon Buildings	8,144	2 stories
Link Building	138,879	4 stories; 60 beds
Connector between Link Building and Greenhouse Building	2,032	2 stories
Assisted Living Facility	95,000	4 stories; 140 beds
Total Construction	**781,979**	N/A; 1,340 beds
Total Existing Building Area to Remain	**204,931**	N/A

Note: N/A = Not Applicable.
Source: Laguna Honda Hospital Replacement Program, Schematic Design, June 28, 2001.

E2. Proposed Construction and Renovation

Proposed new construction would include hospital buildings and associated support facilities, an assisted living facility, and parking lots. The new hospital buildings would consist of the Greenhouse Building, Clarendon Hill West, Clarendon Hill East, and the Link Building (see **Table 2.0-2**). The



SOURCE: Anshen + Allen Architects, City and County of San Francisco, Impact Sciences

FIGURE **2.0-3**

Proposed Demolition Plan

associated support facilities would include a boiler and power plant, an underground fuel storage tank, a fueling station, a satellite dish, and loading docks (see **Figure 2.0-4, Proposed Site Plan**).

The proposed Clarendon Hill West and East Buildings would be built in the central portion of the campus, in the area of the existing Clarendon Hall and adjacent parking lot. As shown in **Appendix 2.0, Proposed Hospital Building Elevations**, these new hospital buildings would be seven stories high, with a pad elevation of 519.5 feet above msl and a roof level of 606 feet above msl (86.5 feet in height from the proposed grade to top of roof, not including rooftop mechanical equipment).[3] The Greenhouse and Link Buildings would be constructed in the Clarendon Valley portion of the campus, in the area of the existing bridge building and other accessory structures. The new Greenhouse Building would be five stories high, with a pad elevation in the valley of 545 feet above msl and a roof level of 606 feet above msl (61 feet in height). The new Link Building would be four stories high, with a ground-floor level elevation of 495 feet msl and a roof level of 559.5 feet msl (64.5 feet in height). (By comparison, the grade level of the front of the existing Main Hospital Building is at an elevation of 516 feet msl, and the building height extends to 579 feet msl at roof level and 619 feet msl at the tower (which is at the front and center of the existing Main Hospital Building). The grade level of the rear of the existing Main Hospital Building is at 560 feet msl, and the building height extends to a roof level of 608 msl.)

As mentioned above, the Clarendon Hill West and East Buildings would be in the area of the existing Clarendon Hall and the parking lot located immediately east of that building. This area is relatively flat, due to the existing development. The new Clarendon Hill West and East Buildings would connect to the proposed Link Building by a two-story connector building. The Link Building and Greenhouse Building would be built into the hillside that slopes down from the existing Main Hospital Building to Clarendon Valley. Some floors of the Link Building would be connected to the northern end of Wing H of the existing Main Hospital Building by a two-story connector building. Together with the portion of the existing Main Hospital Building that would be retained (204,931 gross square feet), the proposed hospital buildings and assisted living facility would total 986,910 gross square feet.

As currently proposed, the assisted living facility would be located at the east end of the existing Main Hospital Building, on the current site of Wings E, F, K, L, M, and O. However, a different site may ultimately be selected through the project design process. Any site selected would be within the construction zone shown on **Figure 2.0-4, Proposed Site Plan**; this zone includes all areas of the Laguna Honda hospital campus in which construction activity could occur (except for minor roadway work, described later in this section). The assisted living facility would be approximately four stories high, about 50 feet tall. Existing outpatient programs and services provided by Laguna Honda hospital

would be expanded. Specifically, the Adult Day Health Care program would serve 75 patients (an increase of 20 patients) and the Senior Nutrition Center would serve 75 patients (an increase of 25 patients). In addition, a new child care center with an outdoor playground would be provided on the ground floor of the new Link Building, and the existing Aqua Therapy and Animal/Horticultural Therapy in-patient program facilities would be replaced with comparable facilities, also in the Link Building.

During construction of the new hospital buildings, the campus would be served by temporary generators. In addition, a temporary boiler plant would serve Clarendon Hall and a new boiler plant would be installed in the Main Hospital Building. A new fueling station and new satellite dish would be erected on the eastern portion of the campus near the Main East Parking Lot. A new underground fuel storage tank would be installed immediately south of the existing Main Hospital Building. The existing laundry facility would be relocated off-site (into an existing laundry structure) on Oyster Point Boulevard. Perimeter landscaping, accessible sidewalks, trails and other public enhancements would be built.

As shown in **Table 2.0-2**, the proposed new buildings and the existing building area to remain would total approximately 986,910 gross square feet, about 282,579 gross square feet more than the existing building area. Buildout of the proposed project would accommodate 1,200 total hospital beds (about 135 more beds than are currently occupied at the existing Laguna Honda hospital, but about the same number as were occupied at the Laguna Honda hospital as recently as Fiscal Year 1997-1998), plus 140 assisted living beds. The new hospital buildings would consist of one-person and two-person rooms, in compliance with federal law. The new assisted living facility would provide 100 units consisting of 1- and 2-person rooms, with a total of 140 beds. Although Laguna Honda hospital would retain its current license to operate 1,457 beds, there are no plans to construct facilities to support more than the 1,200 beds noted. The assisted living facility would operate under a separate license, issued by the California Department of Social Services.

The proposed Laguna Honda hospital would employ an additional 19 permanent full-time staff. In addition, Laguna Honda hospital would employ an additional 12 full-time equivalent (FTE) staff for childcare, housekeeping, and food services. The assisted living facility would employ approximately 35 FTEs. The proposed project would therefore result in a total increase of 66 full-time and FTE positions at the Laguna Honda hospital campus.

The front part of the Main Hospital Building (i.e., Wings A, B, C, and H) would be renovated for administrative functions. The exact scope of the renovations has not been determined at this time, but

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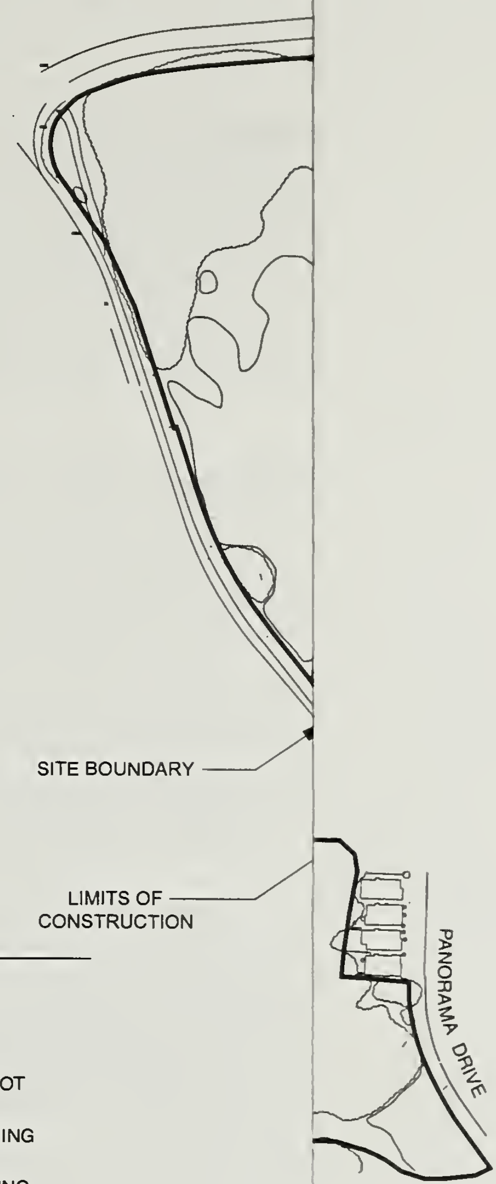
3 The building height would be 82.5 feet when measured from the existing grade to top of roof.



Legend

- PROJECT SITE
- CONSTRUCTION BOUNDARY
- A CLARENDON WEST PARKING LOT
- B CLARENDON HILL WEST BUILDING
- C CLARENDON HILL EAST BUILDING
- D CLARENDON VALLEY PARKING LOT
- E LINK BUILDING
- F GREENHOUSE BUIILDING
- G MAIN FRONT ENTRY PARKING LOT
- H MAIN HOSPITAL BUILDING
- I ASSISTED LIVING FACILITY
- J MAIN EAST PARKING LOT

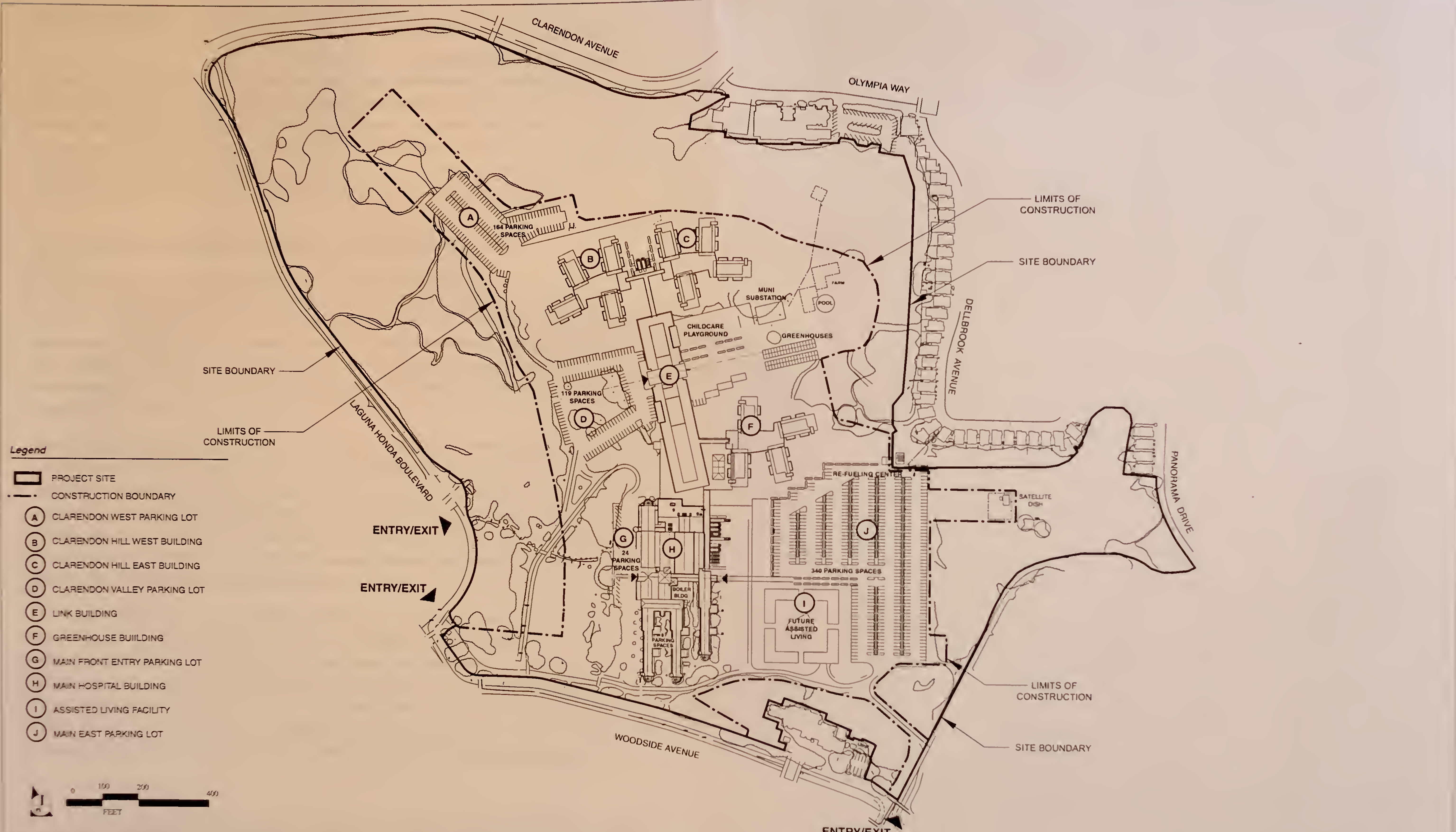
n

0 100 200 400
FEET

SOURCE: Anshen + Allen Architects

FIGURE 2.0-4

Proposed Site Plan



SOURCE: Anshen + Allen Architects

FIGURE 2.0-4

Proposed Site Plan

the renovations would not include any changes to the exterior of the structure. Renovations at the third floor outpatient areas and the second floor materials management areas would require extensive interior demolition and construction of new layouts. Other renovation areas, such as executive administration and medical offices, would only involve painting and tele-data cable installation in unchanged existing rooms. Modifications to the exterior would primarily occur to the east façade in order to provide for a new loading lock and repair the location where Wings D and G are removed.

E3. Proposed Transportation, Circulation, and Parking Improvements

The existing main entry at Laguna Honda Boulevard/Dewey Boulevard/Woodside Avenue and the secondary (single-lane, one-way) entry at Woodside Avenue would be retained under the proposed project.[4] The existing Woodside Avenue driveway pavement would be removed and replaced with landscaping. Existing pedestrian pathways providing access from Laguna Honda Boulevard to the Main Hospital Building and Clarendon Hall sites would also be retained. New pedestrian pathways would provide access between the proposed new structures, and a pedestrian sidewalk would be added along the former Woodside Avenue driveway.

The proposed project includes the construction of a new loading dock at the new Main Hospital Building and improvements to the existing loading dock at the northeast corner of Wing H of the remaining portion of the existing Laguna Honda hospital. The proposed off-street loading supply would include nine spaces at the new Main Hospital Building, and an additional two spaces at the proposed assisted living facility. Shuttle bus routes between the existing Forest Hill MUNI station and the Laguna Honda hospital main entrance would be adjusted as necessary to serve the new hospital buildings. The access point currently used by shuttle buses would remain the same.

The project would also involve the reconfiguration of some of the existing parking areas (including the Main East and Clarendon Valley lots, and the service driveways located between the wings of the Main Hospital Building). The proposed project also includes the construction of one new parking lot, Clarendon West parking lot.[5] As shown in **Table 2.0-3, Existing and Proposed Parking Spaces**, the new and reconfigured lots would provide a total of 655 parking spaces (an increase of 52 parking spaces above existing parking capacity). The existing Main East Lot, containing 232 spaces, would be reconfigured to provide 340 parking spaces. The existing 138 spaces in the Clarendon Valley parking lot

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4 As part of a separate project to be undertaken jointly by the Department of Public Health and the Juvenile Probation Department, the existing Woodside Avenue entrance to Laguna Honda hospital will be shifted to a two-way signalized driveway to be constructed at the Woodside Avenue entrance to the YGC. Refer to **Section 3.2, Transportation, Circulation, and Parking, Subsection C.8., Planned Improvements to Transportation Facilities**, for a description of the access road improvements.

5 During construction, this lot would be temporarily larger to accommodate construction workers' vehicles. After construction, the portion of the lot used for temporary parking would be restored to native ground cover.

would be replaced by 119 parking spaces for the proposed Link Building and Greenhouse Building. One new parking lot, the Clarendon West parking lot, would be located northwest of the proposed new Clarendon Hill West Building and would provide 164 parking spaces. The remainder of the parking areas on the campus (i.e., Clarendon Hall entry, main service lots, side lots, and on-street parking) would be removed.

Table 2.0-3
Existing and Proposed Parking Spaces

Parking Area	Existing Parking Spaces	Proposed Parking Spaces
Main East Parking Lot	232	340
Main Front Entry Parking Lot	28	24
Clarendon Hall Entry and East Parking Lots	97	N/A
Clarendon Valley Parking Lot	138	119
New Clarendon West Parking Lot	N/A	164
Main Service Lots	59	N/A
Service Driveways	14	8
Side Lots	35	N/A
Total Parking Spaces	**603**	**655**

Note: N/A= Not Applicable
Source: Pittman & Hames Associates, May 2000; Laguna Honda Hospital Institutional Master Plan, October 1994; Laguna Honda Replacement Program, Schematic Design, June 28, 2001.

E4. Proposed Construction Phasing Plan

E4(a) Phase One

The proposed project would be implemented in three phases; the dates listed for each phase are approximate and are subject to change. See **Appendix 2.0** for the project's phasing plans.[6] Phase One, which is expected to commence in Fall 2002, would include the installation of temporary electrical and mechanical equipment to serve Clarendon Hall and the Main Hospital Building during construction. The existing satellite complex would be relocated to the eastern portion of the campus.[7] The new fueling station and underground fuel storage tank would be installed during this phase.

6 The construction phasing plans in **Appendix 2.0** correlate to the construction phasing discussed in this section and throughout the EIR as follows: Phase One is generally the same as Phases A through C; Phase Two is generally the same as Phase D; Phase Three-A is generally the same as Phases E and F; and Phase Three-B is generally the same as Phases G and H.

7 The existing satellite dishes to be relocated are of a type called "Television Receive Only (TVRD)", which do not broadcast signals; they only receive signals.

Hazardous materials abatement activities in the valley would also occur during Phase One. In addition, the existing facilities in the central portion of the campus (i.e., Clarendon Valley) -- the boiler and power plant, bridge building, greenhouse, shop building, laundry facility, and garage -- would be demolished. The laundry facility would be relocated off site as mentioned earlier.

Demolition activities during Phase One would include abatement and disposal of hazardous building materials, a dismantling of the buildings (use of explosives is not proposed), and re-use of building materials. Following the demolition of the structures, crushing of concrete from demolition would occur in the Clarendon Valley area at the location of the existing bridge building, laundry room, and boiler and power plant. Crushed concrete and dirt from demolition activities would be hauled via a designated haul route, and used as fill for the temporary/permanent new parking lot located northwest of Clarendon Hall. An interim parking lot would be constructed to provide parking for construction workers; part of this interim lot would later be developed into the new Clarendon West Parking Lot. Non-permanent parking areas would be restored to native ground cover. The duration of Phase One would be about one year; the demolition portion of this phase is expected to take about six months. Phase One is scheduled to be completed by Fall 2003.

E4(b) Phase Two

Phase Two would consist of constructing the new Greenhouse Building, Link Building, and Clarendon Hill East Building. Upon completion of the new hospital buildings, patients from Clarendon Hall would be relocated into the new Greenhouse Building (patients would not be moved into the Clarendon Hill East and Link Building until the demolition of Clarendon Hall has occurred). The construction of the new hospital buildings is expected to take about two and one-half years; Phase Two is scheduled to be completed by Spring 2006.

E4(c) Phase Three

Phase Three would consist of two parts, Phase Three-A and Phase Three-B. Phase Three-A would involve the demolition of the existing Clarendon Hall and the construction of the Clarendon Hill West Building in its place. Crushing operations would occur in the area north of the existing Clarendon Hall Building. Crushed material would be used for the new Clarendon Hill West Building and for areas within the west valley floor. The demolition of Clarendon Hall is expected to take about three months and the construction of the new Clarendon Hill West Building is expected to take about 27 months, the expected completion date of Phase Three-A is Spring 2009.

Phase Three-B would consist of the demolition of the existing Wings D, E, F, G, K, L, M, and O of the Main Hospital Building. All patients would be relocated to the new hospital buildings prior to

demolition of these Wings. Reconfiguration of the Main East Parking Lot and the Clarendon Valley Parking Lot would occur during this phase. In addition, the Clarendon Hill West Parking Lot, Clarendon Valley Parking Lot, and the east valley (east of the new Link Building) would be landscaped. All other campus improvements would be completed during this phase. The demolition of the Main Hospital Building wings is expected to take five months; completion of Phase Three-B is expected during Fall 2010.

Construction of the assisted living facility would occur after all residents have moved to the new hospital buildings, and is not included as part of the proposed project construction phasing plan. The assisted living facility would be built sometime after 2010.

Temporary loading docks and delivery routes would be provided throughout all construction phases. Specific locations of the temporary loading docks and delivery routes would be within the construction zone and would vary on site between construction phases. Before project completion, one new permanent loading dock would be built on the east side of the Main Hospital Building and improvements would be made to the existing loading dock at the northeast corner of Wing H of the remaining portion of the existing Laguna Honda hospital.

Segregation of campus access and parking would occur between construction vehicles and staff/visitor vehicles. Construction vehicles would use the main entry, and staff and visitors would use the Woodside Avenue entrance during the majority of the construction period.

Three possible truck routes have been identified and are described below.

<u>Southern Access Route</u>: Southern access would be via Interstate 280 (I-280). Trucks would use either the Junipero Serra exit from I-280 northbound or the San Jose Avenue exit from I-280 southbound. Trucks would follow Junipero Serra to Portola Drive to Claremont Boulevard to Dewey Boulevard to the main Laguna Honda hospital entrance. Trucks exiting Laguna Honda hospital would turn right and continue down Laguna Honda Boulevard to 7th Avenue to Lincoln Way to 19th Avenue.

<u>Northern Access Route</u>: Northern access would be via Highway 1. Trucks would go down Park Presidio and 19th Avenue to Taraval Street to Dewey Boulevard to the main Laguna Honda hospital entrance. Trucks exiting Laguna Honda hospital would turn right and continue down Laguna Honda Boulevard to 7th Avenue to Lincoln Way to Park Presidio.

<u>Eastern Access Route</u>: Eastern access would be via Interstate 80 (I-80). Trucks coming from the east would take I-280 to the San Jose Avenue exit and follow the southern access route. Alternatively, trucks may exit Fell Street and drive to Lincoln Way to 7th Avenue to Laguna Honda Boulevard to the main

Laguna Honda hospital entrance. Trucks exiting Laguna Honda hospital would turn right and continue down Laguna Honda Boulevard to 7th Avenue to Lincoln Way to either Fell Street or 19th Avenue.

E5. Proposed Grading and Utilities Plan

Grading plans have not yet been fully developed; therefore, exact details are not available at this time. For the purposes of this EIR, the grading envelope is assumed to include the existing footprint of the Laguna Honda hospital facilities, parking lots, and on-site roads, and the temporary construction access roads and parking. It is also assumed that the grading envelope would extend to the east of Clarendon Valley and Clarendon Hall toward the existing eastern campus boundary, and to the west along the existing internal north-south roadway.

The grading concept would include the balancing of cut and fill of soil on site. Based on preliminary studies, approximately 11,000 cubic yards of soil cut and approximately 34,000 cubic yards of soil and rubble fill[8] are proposed for development of the project. Fill would consist of about 11,000 cubic yards of soil and about 23,000 cubic yards of concrete rubble. Although cut and fill would be balanced on site, trucks would need to haul building materials to the campus.

Areas on the campus that would be graded include the area where the new Greenhouse Building would be built and the existing Clarendon Hall East Parking Lot. Areas of fill would include the east valley (east of the new Link Building), the temporary Clarendon West Parking Lot, the basement for the Clarendon Hill West Building, and the reconfigured Main East Parking Lot.

With respect to utility plans, it is expected that the proposed facilities would connect to the existing City water and sewer systems.

F. APPROVALS REQUIRED

Approvals that may be required by the project sponsor include EIR certification; *General Plan* amendment; Zoning Map amendment; conditional use permit; priority policies consistency; demolition and building permits; *San Francisco General Plan* Consistency; and Art Commission approval. A discussion of each of these requirements is provided below. Although the project does not require an update to the *Institutional Master Plan*, a discussion of the plan is provided for informational purposes only.

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8 Bjorkman, Craig, Turner Construction, personal communication on August 2, 2001.

Also, please note that approvals for the assisted living facility are not included in the discussion below (with the exception of the building permit) because the requirements associated with funding of that facility are not known at this time.

F1. EIR Certification

Following publication of the Draft EIR there will be a 45-day public review period. During the public review period a public hearing before the Planning Commission will be held. Responses to written and oral comments received on the Draft EIR will be prepared after the close of the public review period. The Final EIR will consist of the Draft EIR, revised as appropriate, and the responses to comments. The Final EIR will be presented to the Planning Commission for certification as to its accuracy, objectivity, and completeness. The Planning Commission cannot take any action approving the proposed project and no permits can be issued until the Final EIR has been certified. The Planning Commission's certification of the EIR may be appealed to the Board of Supervisors.

F2. General Plan Amendment

Due to the proposed siting of the new/replacement buildings, the project may result in a change to the boundary between the developed and open space areas on the site, as shown in the *San Francisco General Plan*. Such an adjustment would require amending the boundary lines within the project site on the following maps of the *General Plan*: Map 1 (Public Ownership of Existing Open Space) and Map 4 (Citywide Recreation & Open Space) in the Recreation and Open Space Element; and Map 4 (Urban Design Guidelines for Heights of Buildings) in the Urban Design Element.

The amendment would require a hearing by the Planning Commission. If the Commission finds "from the facts presented that the public necessity, convenience and general welfare require the proposed amendment or any part thereof," the Commission shall approve the amendment and present it to the Board of Supervisors for approval. The Board may adopt the amendment by a majority vote.

F3. Zoning Map Amendment

The project may require an adjustment of the boundary between the 80-D and Open Space height districts. Such an adjustment would be considered a Zoning Map amendment pursuant to Section 302 of the Planning Code. In addition, because the proposed Clarendon Hill West and East Buildings would exceed 80 feet in height, the project would require rezoning of the 80-D height district to a 90-D height district. Similar to the procedures for an amendment to the *San Francisco General Plan*, an amendment to the Zoning Map would require a hearing by the Planning Commission. If the Commission finds "from the facts presented that the public necessity, convenience and general welfare require the proposed

amendment or any part thereof," the Commission shall approve the amendment and present it to the Board of Supervisors for approval. The Board may adopt the amendment by a majority vote.

F4. Conditional Use Permit

The developed portions of the site are in the 80-D height and bulk district, which permits construction to a height of 80 feet; above a height of 40 feet, building bulk in this district is limited to a maximum plan dimension of 110 feet in length and 140 feet on the diagonal. As shown in **Appendix 2.0, Proposed Hospital Building Elevations**, the proposed buildings would not conform with the bulk requirements of this district. Pursuant to Section 271 of the Planning Code, deviations from bulk limits shall be permitted only upon approval of a Conditional Use Permit by the Planning Commission, according to the procedures in Section 303 of the Code.

The Planning Commission shall consider the following standards and criteria in its review of the Conditional Use request (in addition to those stated in Section 303(c) of the Code): (1) the appearance of bulk in the building, structure or development shall be reduced by means of at least one and preferably a combination of the factors listed in Section 271(a) of the Planning Code, so as to produce the impression of an aggregate of parts rather than a single building mass; (2) in every case the building, structure, or development shall be made compatible with the character and development of the surrounding area by means of all the factors listed in Section 271(a) of the Planning Code; and (3) while the above factors must be present to a considerable degree for any bulk limit to be exceeded, these factors must be present to a greater degree where both the maximum length and the maximum diagonal dimension are to be exceeded than where only one maximum dimension is to be exceeded.

F5. Priority Policies Consistency

In November 1986, the voters of San Francisco approved Proposition M, the Accountable Planning Initiative, which added Section 101.1 to the City Planning Code to establish eight Priority Policies. Prior to issuing a permit for any project which requires an Initial Study under CEQA, and prior to issuing a permit for any demolition, conversion, or change of use, and prior to taking any action which requires a finding of consistency with the *General Plan*, the City is required to find that the proposed project or legislation is consistent with the Priority Policies. The Planning Department would review the necessary findings of consistency with the Priority Policies concurrent with the *General Plan* and Zoning Map amendments and the Conditional Use permit review for the proposed project. This review would be presented to the Planning Commission for approval.

F6. *San Francisco General Plan* Consistency

The proposed project would be reviewed by the Planning Department, the Planning Commission, and the Board of Supervisors in the context of all applicable objectives and policies of the *San Francisco General Plan*. Pertinent objectives and policies are discussed in **Section 3.1, Land Use and Planning.** Decision makers may address additional objectives and policies from the *General Plan* during consideration of project approval.

F7. *Institutional Master Plan*

Section 304.5 of the Planning Code requires that "each medical institution...in the City and County of San Francisco shall have on file with the Department of City Planning a current institutional master plan describing the existing and anticipated future development of that institution...". Among the required elements of the plan is a description of "the development plans of the institution, for a future period of not less than 10 years, and the physical changes in the institution projected to be needed to achieve those plans." The current *Institutional Master Plan* for Laguna Honda hospital was prepared in October 1994 and is on file at the Planning Department; the next update to the *Institutional Master Plan* will occur in Fiscal Year 2003-2004. The proposed demolition of existing facilities, renovation of a portion of the existing Main Hospital Building, construction of a new hospital, and construction of an assisted living facility are all components of the recommended project outlined in the *Institutional Master Plan*. The details of the actual design and siting of the project, including the location of the assisted living facility and the design of the new hospital, may differ from the *Institutional Master Plan*; however, the overall proposed project would be consistent with the *Institutional Master Plan*.

F8. Art Commission Review

The Civic Design Review Committee (a committee of the San Francisco Art Commission) reviews the design of proposed public buildings at three phases: schematics, design development, and construction documents. Since the proposed project is a public project, it will be subject to review and approval by the Civic Design Review Committee at each of these phases. The three-phase review process is intended to ensure that each project's design is appropriate to its context in the urban environment, and that structures of the highest design quality reflect civic stature. To this end the committee will evaluate the project's design, scale, and massing for accessibility, safety, and aesthetic merit.

F9. Demolition and Building Permits

The Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of general acute care hospital, psychiatric hospital, and skilled nursing home and intermediate care facility construction in California. The construction of the new hospital buildings (excluding the

assisted living facility) would require an OSHPD permit. The Facilities Development Division of OSHPD would review the proposed project construction drawings and specifications for code compliance and would issue a building permit upon plan approval. The Department of Building Inspection (DBI) would issue a building permit for construction of the assisted living facility and renovation of Wings A, B, C, and H of the Main Hospital Building; a demolition permit for the existing hospital buildings to be demolished; and a grading permit for grading that would occur on site.

G. INTENDED USES OF THIS EIR

This EIR addresses the potential impacts that may result from implementation of the proposed project described in this chapter. The EIR is intended to serve primarily as a source of information for the City and County of San Francisco, which is the Lead Agency for the proposed project. As defined by CEQA, a Lead Agency is the public agency with the principal responsibility for reviewing a project. In addition, the EIR will satisfy CEQA requirements for OSHPD, which is a Responsible Agency under CEQA.

The EIR will be circulated to all other agencies, departments, boards, and commissions, as described above, with approval authority over portions of the proposed project for their comments prior to their acting on this project.

3.0 EXISTING CONDITIONS AND PROJECT IMPACTS

An application for environmental evaluation for the proposed project was filed on January 4, 2000. On the basis of an Initial Study published on February 3, 2001, the San Francisco Planning Department determined that an EIR was required. The Initial Study determined that the following effects of the proposed project would either be less than significant or would be reduced to a less-than-significant level by mitigation measures included in the project and thus require no further analysis: population, air quality/climate, utilities/public services, biology, geology/topography, water, energy/natural resources, and archaeological and paleontological resources. Therefore, the EIR does not discuss these issues. The Initial Study also found that issues related to land use would not cause significant environmental effects and required no further analysis, but noted that the EIR would include a discussion of land use for informational purposes. In addition, the Initial Study determined that environmental impacts associated with hazards would not be significant given mitigation measures included in the proposed project and did not require further analysis. However, in response to a Notice of Preparation comment letter received from the Department of Toxic Substances Control, the topics of hazardous materials, hazardous wastes, and soil and groundwater contamination are included in the EIR. Other topics in the Initial Study that were found to have potentially significant impacts and are addressed in the section include transportation, circulation, and parking; visual quality; construction noise; and historic architectural resources.

This section of the report describes the existing conditions and assesses the environmental impacts of the proposed project as described in **Section 2.0, Project Description**. It should be noted that, although the assisted living facility is part of the proposed project, it would be developed at a later stage. Its design is only conceptual at present, and the approval requirements for this facility have not yet been fully identified. Therefore, it is possible that additional CEQA analysis may be performed, if necessary, prior to approval of the assisted living facility.

A. SUMMARY

The proposed project would be consistent with nearby existing and planned land uses. The project also would be consistent with the P (Public Use) zoning district designation for the site. The existing boundary line on the site between the 80-D and OS height and bulk districts may require a minor adjustment to accommodate the proposed site plan and building layout. An adjustment to the existing boundary line would require a Zoning Map amendment pursuant to Section 302 of the Planning Code and a General Plan *amendment. In addition, the project would not conform to the height or bulk requirements of the 80-D district. The tallest project building is 86.5 feet tall, which would require a rezoning from the 80-foot height district to the 90-foot height district, and an amendment to the* General Plan *height district map and text. Pursuant to Section 271 of the Planning Code, deviations from bulk limits shall be permitted upon approval by the City Planning Commission according to the procedures for Conditional Use approval in Section 303 of the Code.*

Based on the current schematic design the site plan and building layout differs somewhat from that proposed in the Institutional Master Plan; *however, the overall proposed project would be consistent with the planned development and use of the site as outlined in the* Institutional Master Plan.

Once the Final EIR is certified, the Planning Department will be required to review the project for consistency with the General Plan, *Planning Code,* Institutional Master Plan, *and Accountable Planning Initiative policies prior to granting any of the above-mentioned approvals and issuance of building and demolition permits by the Department of Building Inspection.*

B. INTRODUCTION

This section describes existing land uses and features of the project site and planned development in the project vicinity. The compatibility of the project with nearby existing and planned land uses is also discussed. In accordance with CEQA *Guidelines* Section 15125(b), this section also includes an analysis of the project relative to the plans, policies, and regulations of the *San Francisco General Plan* and San Francisco Planning Code. In addition, this section includes a discussion of the requirements of the *Laguna Honda Hospital Institutional Master Plan,* and San Francisco Planning Code Section 101.1(b), otherwise known as the Accountable Planning Initiative.

C. LAND USE AND ZONING

C1. Existing Land Use

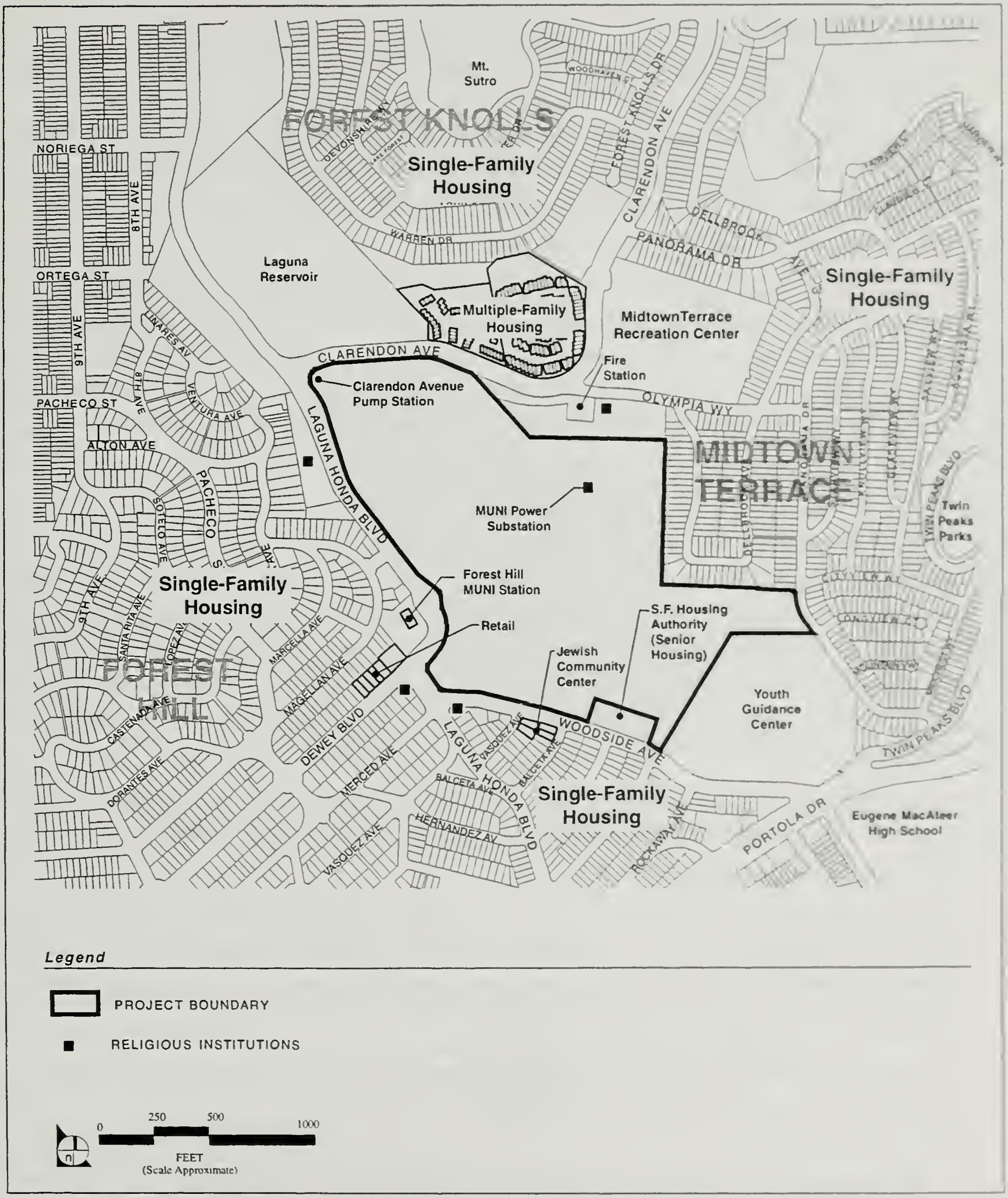
As discussed in **Section 2.0, Project Description**, and shown in **Figure 2.0-1, Project Location**, the Laguna Honda Hospital and Rehabilitation Center currently occupies a 62-acre project site located on the western

slope of Twin Peaks in central San Francisco. The site encompasses the majority of Assessor's Block 2842, Lot 7. The remainder of Assessors Block 2842 is occupied by the Youth Guidance Center (YGC), which includes the Juvenile Hall facility operated by the San Francisco Juvenile Probation Department; a mid-rise senior housing complex owned and operated by the San Francisco Housing Authority; the Clarendon Avenue Pump Station; a MUNI electrical power substation; and a fire station. A separate project is planned for the Juvenile Hall facility located within the YGC complex (refer to **Subsection E., Planned and Approved Land Uses**, below).

The existing 704,331-gross-square-foot hospital provides long-term health care services for the elderly and disabled residents of the City and County of San Francisco. The hospital's services include skilled nursing care, hospice, rehabilitation, acute medical, senior nutrition, and adult day health services. The hospital currently operates with an average of 1,065 beds and employs about 1,500 total employees. The hospital is currently licensed to operate 1,457 beds.

The existing hospital campus occupies the central, north-central, and southern portions of the project site. The east, north, northwest, and west parts of the site and a portion of the southern boundary are primarily open space. The existing hospital campus includes two principal hospital buildings, the Main Hospital and Clarendon Hall. Support facilities include a bridge building connecting the two main facilities, a laundry building, boiler and power plant, shop building, garage and greenhouse. Trackway for the MUNI Metro transects the center of the site underground. The MUNI electrical power substation is near the center of the site, east of Clarendon Hall.

The Laguna Honda hospital campus is adjacent to three residential neighborhoods: Forest Knolls to the north, Forest Hill to the west and south, and Midtown Terrace/Twin Peaks to the east. These neighborhoods and other land uses near the project site are depicted in **Figure 3.1-1, Existing Land Uses in Project Vicinity**. Adjacent land uses include single-family residential, senior housing, churches, a synagogue, and a Jewish community center to the east, south, and west. A small neighborhood commercial cluster is across from the project site at Laguna Honda Boulevard and Woodside Avenue and includes restaurants, a grocery, a dry cleaner, and a vacant store front. The Forest Hill MUNI Metro Station is located about 250 feet southwest of the current main hospital entrance. The YGC, including Juvenile Hall, is immediately adjacent to the site on the east side. Eugene MacAteer High School is located southeast of the project site at Woodside Avenue and Portola Drive. Uses to the north of the site include open space, mid-rise multi-family residential, a church, a fire station, and the Midtown Terrace Recreation Center.



SOURCE: Pittman & Associates, Impact Sciences

FIGURE 3.1-1

Existing Land Uses in Project Vicinity

C2. Existing Zoning

C2(a) Use Districts

As shown in **Figure 3.1-2, Existing Zoning Districts in Project Vicinity**, the project site is in the P (Public Use) zoning district. The P district applies to "land that is owned by a governmental agency and in some form of public use, including open space," and allows "Public structures and uses of the City and County of San Francisco, and of other governmental agencies…"[1]

The zoning district designation south and west of the site is predominantly RH-1 (D) (Residential, House Districts, One-Family [Detached Dwellings]), but includes small enclaves of RH-1 (Residential, House Districts, One-Family), RH-2 (Residential, House Districts, Two-Family), RM-2 (Residential, Mixed Districts, Moderate Density), RM-3 (Residential, Mixed Districts, Medium Density), NC-1 (Neighborhood Commercial Cluster), and P (Public Use) zoning. Zoning to the north and east is predominately RH-1, RH-1 (D), and P.

C2(b) Height and Bulk Districts

The project site and adjacent areas are also subject to the San Francisco height and bulk district requirements.[2] **Figure 3.1-3, Existing Height and Bulk Districts in Project Vicinity**, shows the height and bulk districts for the project site and surrounding area. The project site includes the 80-D and OS height and bulk districts. The developed portions of the site are in the 80-D height and bulk district, which provides for construction to a height of 80 feet; above 40 feet, building bulk is limited to a maximum plan dimension of 110 feet in length and 140 feet on the diagonal.

The existing Main Hospital Building and Clarendon Hall exceed these restrictions. However, they were built prior to the enactment of the height and bulk district designations and therefore they were not required to comply with these requirements.

The undeveloped portions of the site are in the OS height and bulk district, which provides for open space as the principal permitted use. In accordance with Section 290 of the Planning Code, no building, structure or addition to existing building or structures would be permitted unless in conformity with the *San Francisco General Plan*.[3]

The height and bulk district designations near the project site are predominantly 40-X and OS. The 40-X district generally provides for heights of up to 40 feet.

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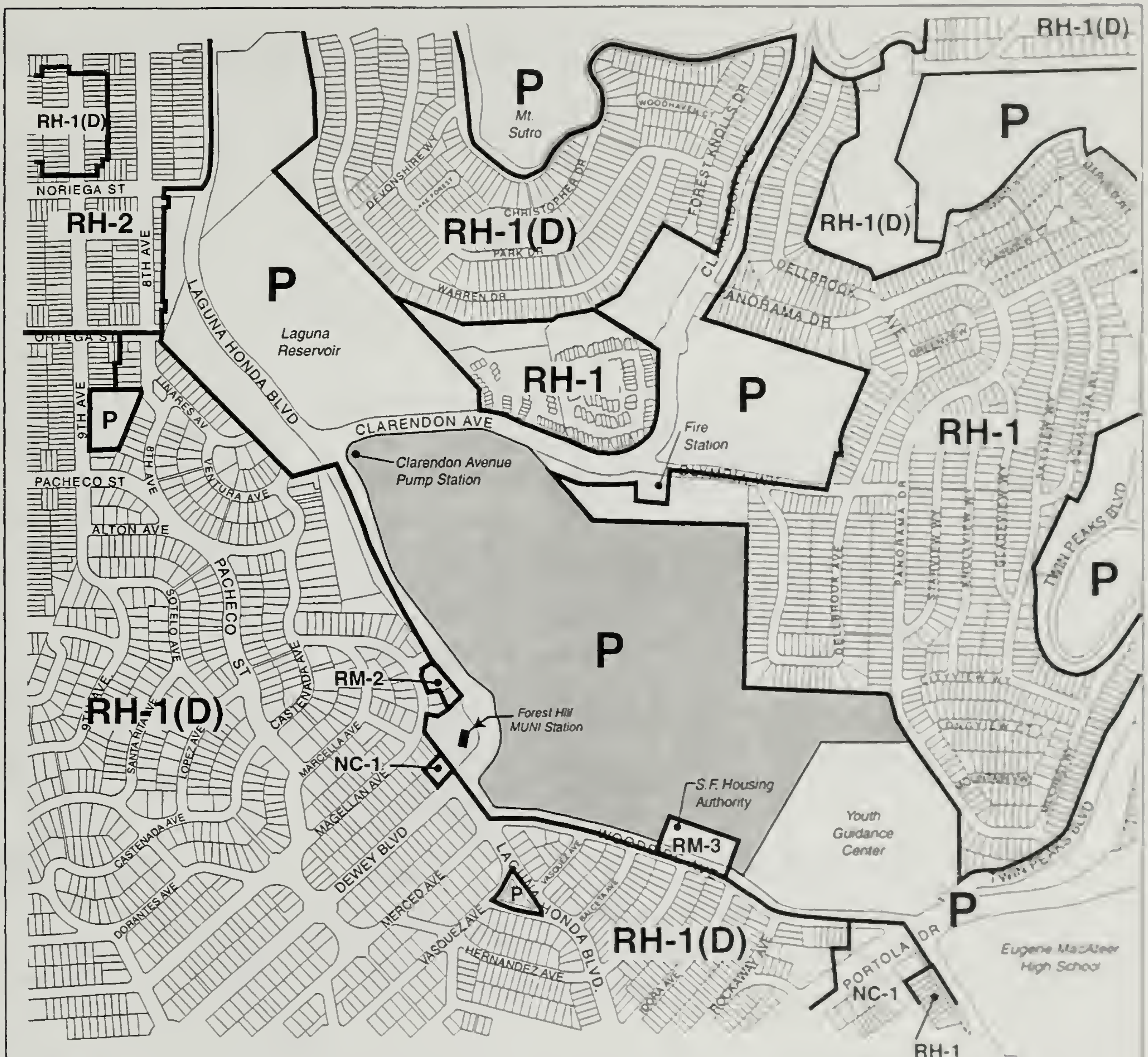
1 City and County of San Francisco, Planning Code, Section 234, "P Districts," and Section 234.1, "Principal Uses Permitted, P Districts," June 1990; and City and County of San Francisco, Zoning Map, Sheet 6, May 1994.

2 City and County of San Francisco, Planning Code, Section 252, "Classes of Height and Bulk Districts," March 1991; and City and County of San Francisco, Zoning Map, Sheet 6H, "Height and Bulk Districts," May 1994.

3 City and County of San Francisco, Planning Code, Section 290, "Height and Bulk Limits For Open Space Districts," June 1990.



Legend

PROJECTSITE

ZONING BOUNDARY

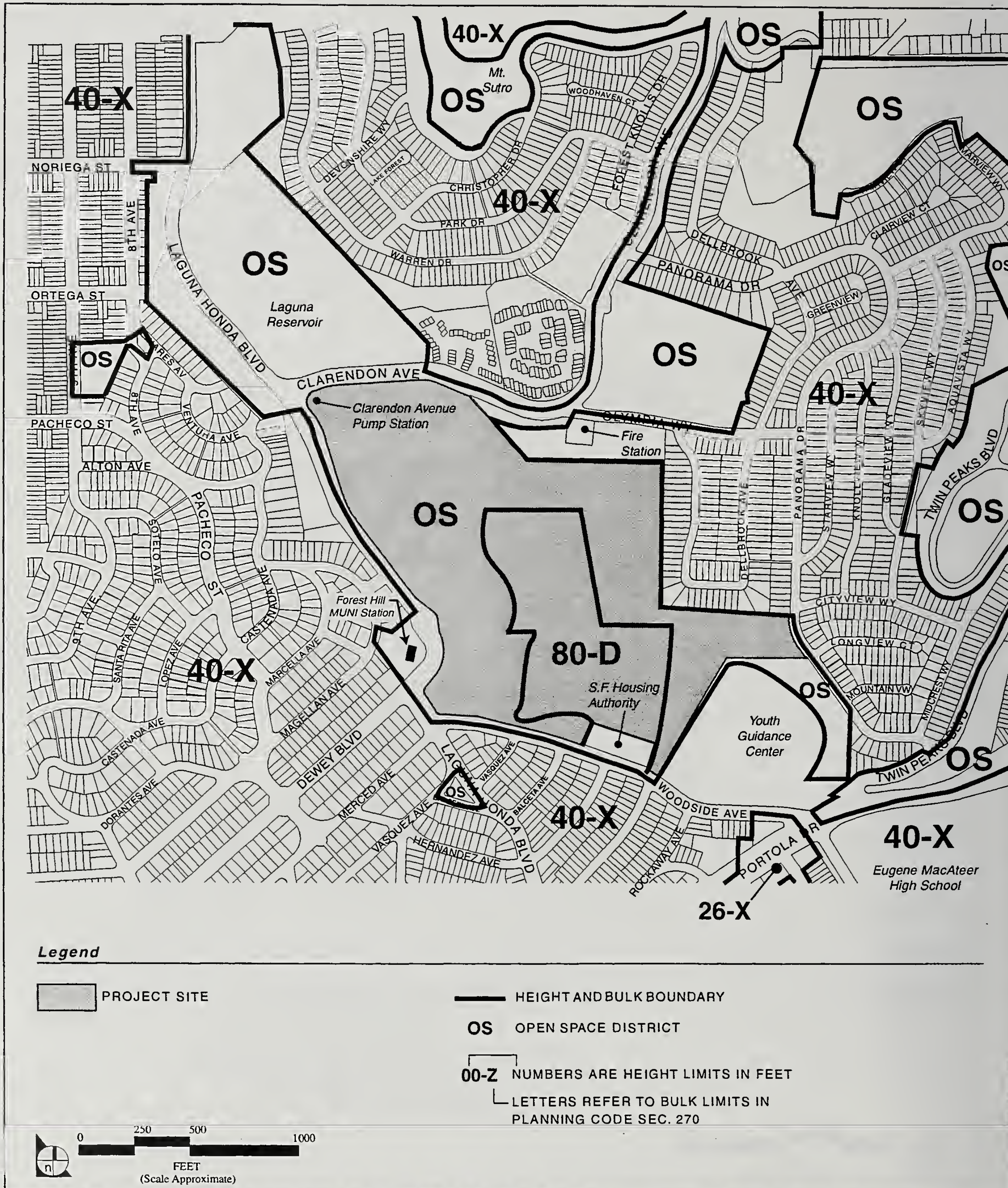
RH-1 - (D)	RESIDENTIAL, HOUSE DISTRICTS, ONE-FAMILY (DETACHED DWELLINGS)
RH-1	RESIDENTIAL, HOUSE DISTRICTS, ONE-FAMILY
RH-2	RESIDENTIAL, HOUSE DISTRICTS, TWO-FAMILY
RM-2	RESIDENTIAL MIXED DISTRICTS, MODERATE DENSITY
RM-3	RESIDENTIAL MIXED DISTRICTS, MEDIUM DENSITY
NC-1	NEIGHBORHOOD COMMERCIAL CLUSTER
P	PUBLIC

0 250 500 1000
FEET
Scale Approximate

SOURCE: San Francisco Planning Department

FIGURE 3.1-2

Existing Zoning Districts in Project Vicinity



SOURCE: San Francisco Planning Department

FIGURE 3.1-3

Existing Height and Bulk Districts in Project Vicinity

D. APPLICABLE PLANS AND POLICIES

The Community Facilities Element of the *San Francisco General Plan* includes the project site in the *San Francisco Institutional Uses Plan*. In addition to compliance with the *General Plan* policies, the project is subject to the provisions of the *Institutional Uses Plan*, which requires each institutional use to prepare a Master Plan of development. The *Laguna Honda Hospital Institutional Master Plan* is discussed later in **Subsection D2**.

D1. *General Plan*

The *San Francisco General Plan* designates the project site as an Institutional Facility in the Community Facilities Element and as Public Open Space in the Recreation and Open Space Element.[4] In addition to specific land use designations, the *San Francisco General Plan* contains objectives and policies related to physical environmental issues that are applicable to this project. The Planning Commission would review the project in the context of these applicable objectives and policies. Some of the key *General Plan* objectives and policies pertinent to the project are listed below; others may be addressed during consideration of project approval.

Residence Element

- Objective 6: To provide a quality living environment.
  - Policy 3: Minimize the disruption caused by expansion of institutions into residential areas.

Commerce and Industry Element

- Objective 7: Enhance San Francisco's position as a national and regional center for governmental, health and educational services.
  - Policy 3: Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the city.

Transportation Element

- Objective 33: Contain and lessen the traffic and parking impact of institutions on surrounding residential areas.
  - Policy 33.1: Limit the provision of long-term parking facilities at institutions and encourage such institutions to regulate existing facilities to assure use by short-term clients and visitors.
  - Policy 33.2: Protect residential neighborhoods from the parking impacts of nearby traffic generators.

Urban Design Element

- Objective 2: Conservation of resources which provide a sense of nature, continuity with the past, and freedom from overcrowding.
  - Policy 4: Preserve notable landmarks and areas of historic, architectural or aesthetic value, and promote the preservation of other buildings and features that provide continuity with past development.

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4 City and County of San Francisco, Master Plan (*General Plan*), as amended.

  - o Policy 5: Use care in the remodeling of older buildings, in order to enhance rather than weaken the original character of such buildings.

Community Facilities Element

- Objective 9: Assure that institutional uses are located in a manner that will enhance their efficient and effective use.
  - o Policy 1: Locate institutional uses according to the Institutional Facilities Plan.

Community Safety Element

- Objective 1: Reduce hazards to life safety, minimize property damage and economic dislocations resulting from future earthquakes.
  - o Policy 3: Abate existing hazards in all critical community facilities...
- Objective 2: Preserve, consistent with life safety considerations, the architectural character of buildings and structures important to the unique visual image of San Francisco.
  - o Policy 1: Retain the architectural design character of buildings and structures in the renovation work required for the abatement of hazards to life safety.

D2. *Laguna Honda Hospital Institutional Master Plan*

The *San Francisco Institutional Uses Plan* and Section 304.5 of the Planning Code require that "each medical institution...in the City and County of San Francisco shall have on file with the Department of City Planning a current institutional master plan describing the existing and anticipated future development of that institution..." Among the required elements of the plan is a description of "the development plans of the institution, for a period of not less than 10 years, and the physical changes in the institution projected to be needed to achieve those plans." The *Laguna Honda Hospital Institutional Master Plan* was adopted in 1994.[5] The next update to that plan is due in Fiscal Year 2003-2004.

D3. Accountable Planning Initiative

On November 4, 1986, the voters of San Francisco approved Proposition M, the Accountable Planning Initiative, which is codified as Section 101.1 (b) of the Planning Code.[6] These policies are: (1) preservation and enhancement of neighborhood retail uses; (2) protection of neighborhood character; (3) preservation and enhancement of affordable housing; (4) discouragement of commuter automobiles; (5) protection of industrial and service land uses from commercial office development and enhancement of residential employment and business ownership; (6) earthquake preparedness; (7) landmark historic building preservation; and (8) preservation of open space. Prior to issuing a permit for any project, or adopting any legislation that requires an Initial Study under CEQA, or adopting any zoning ordinance or development agreement, and before taking any action that requires a finding of consistency with the *General Plan*, the City is required to find that the project is consistent with the Priority Policies established by Proposition M.

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5 City and County of San Francisco, Planning Code, Section 304.5, "Institutional Master Plans," June 1990.

6 City and County of San Francisco, Planning Code, Section 101.1(b), "Accountable Planning Initiative," June 1990.

D4. Applicable Planning Code Provisions

The proposed project is subject to those San Francisco Planning Code controls applicable on City-owned property. These controls include Article 1.5 (Off-street Parking and Loading), Article 2 (Use Districts), and Article 2.5 (Height and Bulk Districts).

E. PLANNED AND APPROVED LAND USES

A reconstruction project is proposed for the Juvenile Hall facility located on the northwest portion of the YGC campus, adjacent to and east of the project site. Built in 1950, the existing facility does not meet mandated operating standards of the State Board of Corrections. The Juvenile Hall Reconstruction Project includes phased demolition and replacement of buildings and infrastructure, a minor expansion in usable square footage and an increase of 18 beds (a total of 150 beds). Only the Juvenile Hall facility would be demolished and replaced. The replacement facility would be constructed in phases on portions of the existing Juvenile Hall site to maintain existing facility space and operations throughout the construction period. The existing administration and court buildings along Woodside Avenue would remain. The first phase of the reconstruction project would begin in July of 2002, with completion by September 2004.[7]

The Juvenile Probation Department and Department of Public Health are planning to install a signal at the intersection of Woodside Avenue and a planned shared driveway entrance between the YGC and the Laguna Honda hospital campus, as discussed in **Section 3.2, Transportation, Circulation, and Parking**.

The project site is adjacent to three established, built-out residential neighborhoods. No other major projects are proposed in the project vicinity. Construction is underway to convert the site of a former gas station west of the project site into a high-density residential development.

F. CHANGES IN LAND USE AND ZONING

The project site is currently a long-term health care facility occupied by hospital buildings and support structures, parking, open space, trees, and vegetated/landscaped areas. The proposed project would result in the demolition of most of the existing structures on the site, and construction of a replacement hospital and a new assisted living facility. The existing hospital facility, including all buildings and support facilities, contains approximately 704,331 gross square feet. When completed, the proposed project would total 986,910 gross square feet of building space, including new construction of 781,979 square feet of hospital, assisted living facility and support facilities, and retention of 204,931 square feet of existing building area in the Main Hospital.

7 Chris Bigelow, Department of Public Works, Bureau of Architecture, written communication, October 9, 2001.

The project would accommodate 1,200 total hospital beds. This number is about 135 more beds than are currently provided at the existing hospital, but about the same number provided at the hospital as recently as Fiscal Year 1997-1998. In addition, the project would provide about 140 assisted living beds. The proposed hospital and assisted living facility would employ 66 more full-time equivalent staff than the current facility. The existing facility includes 603 parking spaces. The new facility would provide 655 parking spaces (a net increase of 52 spaces) to address the increased parking needs of visitors and employees.

Although the project would increase the total square footage and bed capacity of the hospital facility, proposed development of the site would be consistent with the current use of the site as a hospital. The proposed assisted living facility would provide assisted care and housing opportunities for the elderly and disabled, which would be consistent with the existing use of the site and the residential uses in the surrounding neighborhood.

The current schematic design and site plan indicate that the project would not result in a substantial change in the amount of open space use or vistas on the project site. A permanent surface parking lot would be located in an existing vacant area, northwest of Clarendon Hall; however, this area would be landscaped to blend with nearby existing vegetation.

From a cumulative perspective, the existing Laguna Honda hospital and the adjacent Juvenile Hall facilities are established institutional uses in central San Francisco and the surrounding residential neighborhoods. Combined, these two replacement projects would provide improved, state-of-the-art facilities for two important institutions within the City and County of San Francisco. Both projects would be a continuation of existing uses.

F1. Planning Code Amendments

The existing P (Public Use) zoning district designation of the project site permits land that is owned by a governmental agency and that is used for public purposes. The site is owned by the City and County of San Francisco, and the proposed hospital buildings and assisted living facility would be principal permitted uses within the P zoning district.

F1(a) Height District Rezoning

The tallest building on the campus is proposed to be 86.5 feet, as measured from the base of the building to the roof elevation. Therefore, the proposed project would exceed the permitted height in the 80-D height and bulk district, and would require rezoning to the 90-foot height district. This rezoning would require both a modification to the Zoning Map (Sheet 6-H) and a *General Plan* amendment, as discussed

below.[8] Pursuant to Section 302 of the Code, the Zoning Map and *General Plan* amendments would require a public hearing by the Planning Commission.[9]

If the Commission finds "from the facts presented that the public necessity, convenience and general welfare require the proposed amendment or any part thereof," the Commission shall approve the amendment and present it to the Board of Supervisors for approval. The Board may adopt the amendment by a majority vote.

F1(b) Conditional Use Permit

As shown in **Appendix 2.0, Proposed Hospital Building Elevations**, the proposed buildings also would not comply with the bulk requirements of the 80-D height and bulk district (or with the bulk requirements of the 90-D height and bulk district, should the height district be reclassified). Pursuant to Section 271 (b) of the Planning Code, deviations from bulk limits shall be permitted upon approval of the Planning Commission according to the procedures for Conditional Use approval in Section 303 of the Code.[10]

In its review of the Conditional Use request, the Planning Commission shall consider the following standards and criteria as described in Section 271 (c) of the Planning Code (in addition to those stated in Section 303 (c) of the Code): (1) the appearance of the bulk in the building, structure, or development shall be reduced by means of at least one and preferably a combination of factors listed in Section 271 (c) (1) (A-E) of the Planning Code, so as to produce the impression of an aggregate of parts rather than a single building mass; (2) in every case the building, structure, or development shall be made compatible with the character and development of the surrounding area by means of all the factors listed in Section 271 (c) (2) (A-D) of the Planning Code; and (3) while the above factors must be present to a considerable degree for any bulk limit to be exceeded, these factors must be present to a greater degree where both the maximum length and the maximum diagonal dimension are to be exceeded than where only one maximum dimension is to be exceeded.[11]

F1(c) OS and 80-D District Boundary Modification

The proposed location of the new replacement buildings could require modification of the boundary between the 80-D and OS height and bulk districts. The extent of the potential boundary modification between the OS and 80-D districts on the site is not known at this time, because the current boundary is

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8 Rick Crawford, Department of Planning, written communication, October 16, 2001.

9 City and County of San Francisco, Planning Code, Section 302, "Amendments," June 1990.

10 City and County of San Francisco, Planning Code, Section 271, "Bulk Limits: Special Exceptions, In Districts Other Than C-3," (b) "Procedures," March, 1989.

11 City and County of San Francisco, Planning Code, Section 271, "Bulk Limits: Special Exceptions, In Districts Other Than C-3," (c) "Criteria," March, 1989.

approximate and its precise location on the site is not known. That adjustment would be considered a Zoning Map amendment pursuant to Section 302 of the Code. Pursuant to Section 302 of the Code, the Zoning Map amendment would require a public hearing by the Planning Commission. The Board may adopt the amendment by a majority vote. Modification of the bulk district boundary may result in a decrease in the amount of land designated as open space on the project site. However, the majority of the designated open space on the project site would remain.

F2. *General Plan* Amendments

Due to the proposed siting of the new/replacement buildings, the project may result in a change to the boundary between the developed and open space areas on the site, as shown in the *San Francisco General Plan*. This adjustment would involve amending the boundary lines within the project site on the following maps: Map 1 (Public Ownership of Existing Open Space) and Map 4 (Citywide Recreation & Open Space) in the Recreation and Open Space Element; and, Map 4 (Urban Design Guidelines for Heights of Buildings) in the Urban Design Element.

G. POTENTIAL CONFLICTS WITH PLANS AND POLICIES

G1. *General Plan* Consistency

The Planning Commission and other City decision makers would evaluate the proposed project against the objectives and policies of the *General Plan*, and would consider conflicts with the *General Plan* as a part of the decision-making process. The consideration of the *General Plan* objectives and policies is carried out independently of the environmental review process, as a part of the decision to approve, modify, or disapprove a proposed project. The decision makers may identify potential conflicts between the project and the *General Plan*. Those conflicts would not be considered significant environmental effects. During the decision making process, the decision-makers must evaluate and balance the potentially conflicting goals of different *General Plan* policies. Any potential conflicts with the provisions of the *General Plan* that would cause physical environmental impacts have been evaluated as a part of the impact analysis carried out in other topical sections of this EIR and in the Initial Study (**Appendix 1.0**).

G2. *Institutional Master Plan*

The proposed demolition of the existing facilities, renovation of a portion of the existing Main Hospital, construction of a new hospital, and construction of an assisted living facility are all components of the recommended project in the *Institutional Master Plan*. The details of the actual design and location of the project, including the location of the hospital and assisted living facility, may differ from the *Institutional Master Plan*; however, the overall proposed project would be consistent with the *Institutional Master Plan*. Review of the final design and location of the project facilities would occur as part of the project approval process through the Planning Department.

G3. Accountable Planning Initiative

Before issuing a permit for any project or adopting any legislation that requires an Initial Study under CEQA, or adopting any zoning ordinance or development agreement, and before taking any action which requires a finding of consistency with the *General Plan*, the City is required to find that the proposed project, legislation, or action is consistent with the Priority Policies (see **Subsection D3, Accountable Planning Initiative**, for a discussion of these policies).

3.2 TRANSPORTATION, CIRCULATION, AND PARKING

A. SUMMARY

Traffic generated by the proposed project would be associated with new construction of the Main Hospital, assisted living facility, and proposed outpatient program expansion. During the weekday PM peak hour, the Main Hospital would generate approximately 229 vehicle and transit trips, 26 of which would be net new trips. The assisted living facility would generate about 36 new vehicle trips, and the outpatient patient expansion services about 14 new vehicle trips.

The transportation impact analysis evaluated Existing Plus Project and future 2015 Cumulative traffic conditions. Five intersections in the project vicinity were analyzed. These include three signalized intersections (Dewey Boulevard/Laguna Honda Boulevard/Woodside Avenue; Woodside Avenue/O'Shaughnessy Boulevard/Portola Drive; and the Woodside Hospital Access Driveway, which is planned for signalization and improvements by Fall 2002). The two unsignalized intersections include Clarendon Avenue/Laguna Honda Boulevard and the Hospital Main Access Driveway. Under Existing Plus Project conditions, all intersections would operate at Level of Service (LOS) C or better. Under 2015 Cumulative operating conditions, the intersection of Woodside/O'Shaughnessy/Portola would worsen to operate at LOS E, and the westbound approach at the intersection of Clarendon Avenue/Laguna Honda Boulevard would worsen to operate at LOS F. The project would contribute 3 and 4 percent of the traffic, respectively, at these intersections, which would not be a considerable contribution to cumulative traffic impacts. The remaining intersections (including all stop-controlled approaches) would operate at LOS C or better under future 2015 Cumulative conditions.

The project would generate about 26 net new transit trips during the PM peak hour, which would not affect existing MUNI peak hour capacity utilization. The proposed project would provide 655 parking spaces, a net increase of 52 spaces over the existing 603 on-site designated parking spaces. The project would result in an unmet parking demand of 58 spaces, which could be partially accommodated on-site and on adjacent major arterials. The proposed project is anticipated to result in a minimal increase in pedestrian and bicycle traffic in the vicinity of the project site. The project would provide a total of nine off-street freight loading spaces, five more than the minimum number required by the Planning Code.

During the construction period, there would be a flow of construction-related trucks into and out of the site. The impact of construction truck traffic would be a temporary lessening of the capacities of streets due to the slower movement and larger turning radii of trucks, which would affect both traffic and MUNI operations. Based on preliminary construction plans, truck traffic would range from an average of seven trucks per day to a peak of 15 trucks per day. The peak truck traffic would occur during the first year of Phase Two, in 2004.

During most phases of construction, it is anticipated that construction-related parking could be accommodated within the project site. During the peak construction period, the project sponsor and contractor may need to make

arrangements at remote parking facilities to provide shuttle service to the site for both construction workers and hospital employees.

The project would not result in significant transportation impacts under Existing Plus Project and future 2015 Cumulative traffic conditions. Construction traffic effects would not be considered significant.

B. INTRODUCTION

This section discusses potential project effects related to transportation and circulation, including intersection operations, transit demand, and impacts on pedestrian circulation, parking, bicycles, and freight loading, as well as construction impacts. The discussion summarizes the *Laguna Honda Hospital Transportation Study*, prepared by Wilbur Smith Associates, February 8, 2001, which addresses the existing transportation network and assesses the transportation impacts associated with the proposed project. The transportation study is on file and available for review by appointment at the San Francisco Planning Department, 1660 Mission Street, as part of Case File 2000.005E.

C. SETTING

C1. Roadway Network

The regional and local roadway networks in the project vicinity are shown on **Figure 2.0-1, Project Location, in Section 2.0, Project Description**.

C1(a) Regional Access

Interstate 280 (I-280) provides the primary regional access to the project area. This freeway extends from the China Basin and South Beach areas to serve southern San Francisco, the Peninsula, and the South Bay. The I-280 on-ramps and off-ramps nearest to the project site are located at Monterey Boulevard. I-280 has an interchange with U.S. Highway 101 (U.S. 101) southeast of the project area. Connections can also be made from I-280 to Interstate 80 (I-80) located north of the study area via U.S. 101. I-80, which includes the San Francisco-Oakland Bay Bridge, connects San Francisco with East Bay areas.

U.S. 101 is located east of the project area, and provides regional access to the South Bay and the Peninsula. U.S. 101 also connects San Francisco and the North Bay via Van Ness Avenue or Gough and Franklin Streets, to either Lombard Street or Bay Street and Marina Boulevard and then to the Golden Gate Bridge. Nearby access to and from U.S. 101 (to the south) is provided via a connection from I-280 southeast of the project site (using the on-ramps and off-ramps at Monterey Boulevard). Access to and from U.S. 101 (to the north) is also available using the Mission Street or Fell Street exits.

C1(b) Local Access

Most of the following streets are identified as Major or Secondary Arterials in the *San Francisco General Plan*.[1] Major and Secondary Arterials are designated to carry traffic among districts in the city and local traffic.

Clarendon Avenue

Clarendon Avenue is a generally north-south arterial that extends between Clayton Street and Laguna Honda Boulevard. It is a designated Secondary Arterial in the *General Plan*, and has two travel lanes in each direction. In the vicinity of the project site, Clarendon Avenue has six-foot-wide sidewalks, and unmetered parking on both sides.

Laguna Honda Boulevard

Laguna Honda Boulevard is a north-south arterial that extends north from Portola Drive, leading to Seventh Avenue (north of Noriega Street). Within the study area, Laguna Honda Boulevard has three distinct segments. Immediately north of Clarendon Avenue, it has one traffic lane and one bicycle lane in each direction, no parking and a six-foot-wide sidewalk on the west side of the street. From Clarendon Avenue to Dewey Boulevard, Laguna Honda Boulevard has two travel lanes in each direction, unmetered parking and six- to nine-foot-wide sidewalks on both sides. On-street parking is not permitted directly adjacent to the project site, and the sidewalks are approximately 12 feet wide. South of Dewey Boulevard, Laguna Honda Boulevard has one travel lane in each direction, four-hour unmetered parking, and six-foot-wide sidewalks on both sides.

North of Woodside Avenue, Laguna Honda Boulevard is identified as a Secondary Arterial, Secondary Transit Street and Neighborhood Pedestrian (Commercial) Street in the Transportation Element of the *General Plan*. The entire length of Laguna Honda Boulevard is designated as part of the Citywide Bicycle Network (Routes #65 to 60, north to south). A bicycle lane (Class II) exists on the portion north of Clarendon Avenue, a shared bicycle route (Class III) exists between Clarendon Avenue and Woodside Avenue and a wide curb lane bicycle route (Class III) exists south of Woodside Avenue to Portola Drive.

Dewey Boulevard

Dewey Boulevard is a northeast-southwest arterial that extends from Claremont Boulevard to Laguna Honda Boulevard. Within the study area, Dewey Boulevard is a two-way roadway with one travel lane and one bicycle lane in each direction, two-hour unmetered parking and six-foot-wide sidewalks on both sides. It is designated as a Secondary Arterial in the Transportation Element of the *General Plan*. It is also designated as part of the Citywide Bicycle Network (Routes #60 and #65, Class II).

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1 San Francisco *General Plan*, Transportation Element, July 1995.

Woodside Avenue

Woodside Avenue is a generally east-west arterial that extends from Laguna Honda Boulevard to Portola Drive (where it meets O'Shaughnessy Avenue). It is a designated Secondary Arterial in the *General Plan,* and has two travel lanes in each direction. It is also designated as a Neighborhood Pedestrian (Commercial) Street and as part of the Citywide Bicycle Network (Route #60, Class III). In the vicinity of the project site, Woodside Avenue has six- to nine-foot-wide sidewalks, and four-hour unmetered parking on both sides of the street.

Portola Drive

Portola Drive is an east-west arterial that extends from St. Francis Boulevard (Sloat Boulevard) to Corbett Avenue. In the vicinity of the project site, Portola Drive is a divided roadway with three travel lanes in each direction, no on-street parking and six-foot-wide sidewalks on both sides. In the *General Plan,* Portola Drive is designated as a Major Arterial in the Congestion Management Network, a Freight Traffic Route, and a Citywide Bicycle Route (Route #50, Class III).

O'Shaughnessy Boulevard

O'Shaughnessy Boulevard is a generally north-south roadway that extends from Portola Drive to Bosworth Street. In the vicinity of the project site, it is a four-lane, two-way street (which narrows to one travel lane in each direction). On-street parking is not permitted in the vicinity of the project site, and sidewalks are approximately six feet wide. O'Shaughnessy Boulevard is designated as a Recreational Street in the *General Plan,* and is a Citywide Bicycle Route (Route #55, Class III).

C1(c) Hospital Access

Hospital access routes and entrance locations are shown in **Figure 2.0-2, Existing Site Plan,** in **Section 2.0, Project Description**. Access to the project site is from two entry ways on Laguna Honda Boulevard. The primary entry is at Dewey Boulevard, and a second entry is north at the Forest Hills MUNI Station. A third entry access from Woodside Drive, southeast of the main driveway, provides one-way access for incoming traffic.

C2. Existing Intersection Operating Conditions

The operating characteristics of signalized and stop-controlled intersections are described by the concept of Level of Service (LOS). LOS is a qualitative description of an intersection's performance based on the average delay per vehicle. Intersection level of service ranges from LOS A, which indicates free flow or excellent conditions with short delays, to LOS F, which indicates congested or overloaded conditions with extremely long delays. LOS A through D are considered excellent to satisfactory service levels, LOS E is undesirable, and LOS F conditions are unacceptable. **Tables 1 and 2, Levels of Service Definitions,** in

Appendix 3.2 provide a detailed description of LOS conditions for both unsignalized and signalized intersections.

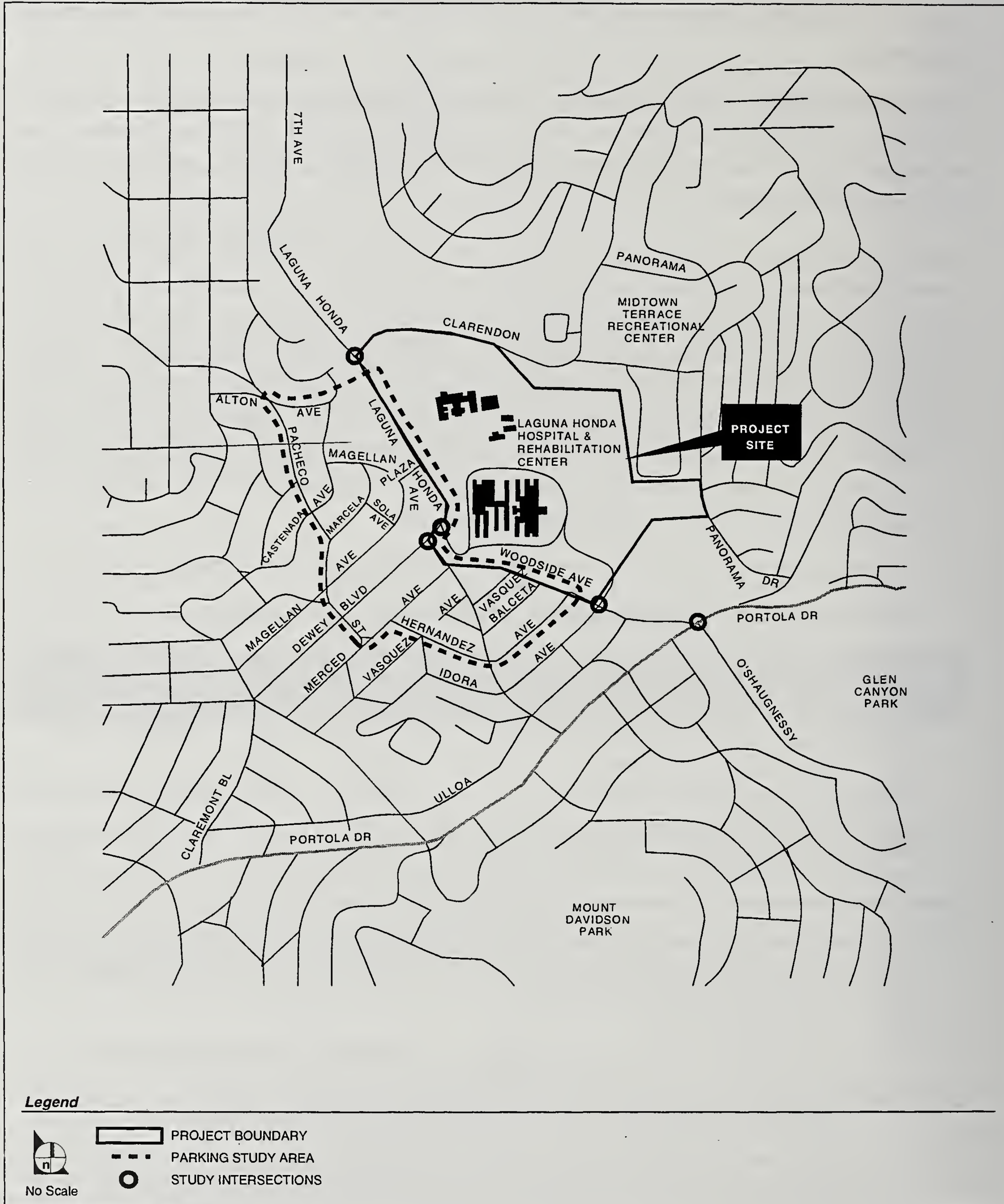
Existing intersection operating conditions were evaluated at five intersections for the weekday PM peak hour (generally 5:00 to 6:00 PM) as shown in **Figure 3.2-1, Traffic and Parking Analysis Locations**. Two of the study intersections are signalized; three intersections, including the two hospital driveways, are stop-controlled intersections.

Table 3.2-1, Intersection Level of Service, Existing Weekday PM Peak Hour Conditions, presents the results of the intersection LOS analysis for existing weekday PM peak hour conditions. For each of the three unsignalized intersections, the delay and levels of service are presented for the intersection as an average and for the worst approach: westbound at Clarendon Avenue/Laguna Honda Boulevard; westbound at the Hospital Main Access Driveway (at Laguna Honda Boulevard); and eastbound at the Woodside Hospital Access Driveway (at Idora Avenue). As **Table 3.2-1** indicates, four of the five study intersections operate at LOS B or better during the weekday PM peak hour. Each approach for the three unsignalized intersections currently operates at LOS C or better. The intersection of Woodside/O'Shaughnessy/Portola currently operates at LOS D.

Table 3.2-1
Intersection Level of Service, Existing Weekday PM Peak Hour Conditions

Intersection	Average Delay[2]	Average LOS[3]	Worst Approach[1] Delay[2]	Worst Approach[1] LOS[3]
Clarendon Ave./ Laguna Honda Blvd.[4]	4.6	A	18.7	C
Dewey / Laguna Honda / Woodside	12.8	B	-	-
Woodside / O'Shaughnessy / Portola	37.4	D	-	-
Hospital Main Access Driveway[4]	0.9	A	12.6	C
Woodside Hospital Access Driveway[4, 5]	0.1	A	6.3	B

Source: Laguna Honda Hospital Final Transportation Study, Wilbur Smith Associates, February 2001.
Notes:
1 *At unsignalized intersections, the delay and level of service are also presented for the worst approach: westbound at Clarendon Avenue/Laguna Honda Boulevard; westbound at the Hospital Main Access Driveway, and eastbound at the Woodside Hospital Access Driveway (at Idora Avenue). At each of these intersections, the average intersection delay is lower than the delay for the stop-controlled approaches.*
2 *Delay presented in seconds per vehicle.*
3 *Volume-to-capacity ratio.*
4 *Unsignalized intersections. The levels of service as defined for signalized intersections are different from those defined for unsignalized intersections, as shown in Appendix 3.2, Table 1*
5 *The Woodside Hospital Access Driveway is currently an unsignalized, one-way entry driveway. The Juvenile Probation Department and Department of Public Health plan to widen the Youth Guidance Center (YGC) access road to provide a joint use, two-way, access road, located immediately adjacent to the Laguna Honda hospital entry-only driveway. From Woodside Avenue, one entry lane and two exit lanes will be provided, thereby reducing the afternoon peak back up at Laguna Honda Boulevard, particularly during shift changes. A new traffic signal will be installed at the Woodside Avenue intersection, and will be tied to the existing signal at Woodside Avenue and Hernandez Street, allowing left and right turns when exiting both facilities.*



SOURCE: Wilbur Smith Associates

FIGURE **3.2-1**

Traffic and Parking Analysis Locations

Atypical conditions exist at three of the five study intersections. The intersections of Clarendon Avenue/Laguna Honda Boulevard and Dewey Boulevard/Laguna Honda Boulevard/Woodside Avenue are T-intersections, with no west and north extensions (respectively). The Hospital Main Access Driveway also forms a T-intersection at Laguna Honda Boulevard, with traffic exiting the main driveway restricted to right-turns only. In addition, the secondary entry driveway on Woodside Boulevard forms a four-way intersection with Idora Street, with driveway traffic restricted to entering vehicles only.

C2(a) 4:00-5:00 PM Operating Conditions

During the 4:00 to 6:00 PM weekday peak period, the peak hour for which operating conditions were analyzed (5:00 to 6:00 PM) differs from the peak hour of traffic exiting the Hospital Main Access Driveway at Laguna Honda Boulevard (4:00 to 5:00 PM). During the peak period, the 5:00 to 6:00 PM peak hour is used to evaluate roadway operating conditions (including transit and pedestrian conditions) because it is the time period when the maximum use of much of the transportation system occurs. It is also the time when most of the transportation service system capacity and service is at a maximum.

However, the peak hour of activity for vehicles exiting the project site occurs from approximately 4:00 to 5:00 PM, due primarily to the 4:00 PM employee shift change of about 1,000 hospital workers.[2]

During both the existing weekday 4:00 to 5:00 PM peak hospital hour and the 5:00 to 6:00 peak hour, the Hospital Main Access Driveway operates at LOS A, with an average delay ranging from 0.9 to 2.9 seconds. In addition, this intersection currently operates at LOS C or better at each approach. During the 4:00 to 5:00 PM hour, the northbound approach operates at LOS C, with an average delay of 12.9 seconds per vehicle (reflecting the departure of employees during the 4:00 PM shift change). During the 5:00 to 6:00 PM peak hour, the northbound approach improves to operate at LOS B; however, the westbound approach worsens to operate at LOS C, with an average delay of 12.6 seconds per vehicle (accounting for the increased number of vehicles on the roadway during this peak hour).

C2(b) Traffic Operations Adjacent to Forest Hill MUNI Station

As noted earlier, the Hospital Main Access Driveway forms a T-intersection at Laguna Honda Boulevard with traffic exiting the main driveway restricted to right-turns only (northbound). Due to the right-turn only restriction at this intersection, many vehicles with destinations south, west, or east of the project site utilize an existing signalized turn-around ("jug handle") located across from the Forest Hill San Francisco Municipal Railway (MUNI) Station. This signalized turn-around is also used by the #52 and #89 MUNI

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2 Employee shift changes are scheduled to occur at 8:00 AM, 4:00 PM, and midnight. The number of vehicles exiting the hospital is greatest during the 4:00 PM shift change, which involves the departure of approximately 1,000 day shift employees. The 8:00 AM day shift has the highest number of hospital worker of all three work shifts. Any impact on the local street network would be greatest during the 4:00 PM shift change. The 8:00 AM shift change (departing midnight shift employees) and 12:00 AM shift change (departing PM shift employees) involve approximately 200 and 275 employees, respectively.

buses, allowing northbound buses to turn across Laguna Honda Boulevard and access a bus stop directly in front of the Forest Hill MUNI Station. The #36, #43, and #44 no rthbound MUNI buses also merge into the turn-around queue to access a bus stop located just north of the signalized crossing (in protected roadway space to the right of through lanes on Laguna Honda Boulevard). These buses follow queued vehicles but travel past (north of) the signal turn-around to access the bus stop, then merge back into northbound traffic on Laguna Honda Boulevard.

Based on field observations, approximately three to five vehicles (including MUNI buses) are queued at this turn-around during each signal cycle. Under typical conditions, there is no residual queue after each signal change, and few conflicts occur between private vehicles and buses. However, these conditions worsen during the Laguna Honda hospital employee shift changes, when all traffic exiting the Main Hospital Access Driveway is restricted to right-turns only. During an approximately 15-minute period before and after each shift change, between 10 to 15 vehicles are typically queued to access the turn-around, resulting in residual queues at each signal change. MUNI buses attempting to access the turn-around/bus stop at this location also experience delays. These operating conditions are temporary and are directly related to the vehicles exiting the Main Hospital Access Driveway during an employee shift change.

C3. Transit Network

The project site is well served by public transit. Local service is provided by MUNI, which operates bus and light rail lines in the project vicinity. These MUNI lines also provide access to regional bus, rail, and ferry service linking San Francisco to other Bay Area counties.

C3(a) Local and Regional Service Providers

MUNI Service

MUNI operates bus (both diesel and electric trolley) and light rail (MUNI Metro) service in the project area. MUNI operates six bus lines and three light rail lines in the vicinity of the project site. MUNI routes in the project vicinity are shown on **Figure 3.2-2, Existing MUNI Transit Network in Project Vicinity.** MUNI's Forest Hill Station is located within 250 feet of the main entrance of the hospital on Laguna Honda Boulevard between Dewey Boulevard and Plaza Street. Six bus lines and three light rail lines serve the Forest Hill Station. One of these lines, the 89-Laguna Honda, serves the hospital directly on a loop route, which makes three stops within the hospital grounds. All routes are equipped with wheelchair lifts.

With two exceptions, all routes serving the Laguna Honda hospital operate from early morning (5:00 to 6:30 AM) to late evening (12:00 to 1:00 AM). The 89-Laguna Honda route runs from 10:00 AM to 2:30 PM, and the L-Owl provides service between 1:00 and 5:00 AM, when the L-Taraval light rail line is not in service.

SOURCE: Wilbur Smith Associates

PROJECT SITE

FIGURE 3.2-2

Existing MUNI Transit Network in Project Vicinity

Regional Service

MUNI lines serving the project site also provide access to regional transit. The Bay Area Rapid Transit (BART) District serves the East Bay and Peninsula. The closest BART station to the project site served directly by MUNI is the Balboa Park Station, which can be accessed via the 43-Masonic or 36-Terisita MUNI bus lines. The Civic Center BART station can also be accessed from the project site via the K-Ingleside, L-Taraval, and M-Ocean View Metro lines. Other regional transit operators, including SamTrans (South Bay and Peninsula) and Alameda-Contra Costa Transit District (AC Transit) can be accessed at the Transbay Terminal via a connection from the K, L or M light rail lines to the N-Judah Metro line. Caltrain (South Bay) is accessible from the project site via a connection from the 43-Masonic bus line, or a connection from the K, L or M light rail lines to the N-Judah Metro line.

Ferry service is provided at the Ferry Building located on The Embarcadero near Market Street. The Ferry Building can be accessed from the K, L, or M lines at the MUNI Metro Embarcadero station, located two blocks away on Market Street. Operators providing ferry service include Golden Gate Transit (North Bay and San Francisco); the Blue & Gold Fleet (Alameda/Oakland, Vallejo, Sausalito, Tiburon, and Angel Island); and the Harbor Bay Ferry (Harbor Bay Island in Alameda).

C4. Parking Conditions

C4(a) Off-Street Parking

Parking Supply

All off-street parking is contained within the Laguna Honda hospital complex, either on designated lots or interior streets. Currently, there are 603 designated spaces at Laguna Honda hospital located in surface lots or striped on-street spaces within the hospital campus (refer to **Table 2-0.3, Existing and Proposed Parking Spaces,** in **Section 2.0, Project Description**).[3] Of the 603 designated spaces, 466 spaces are available for general employee parking, and 137 spaces are restricted parking for various users. Of the restricted spaces, 59 are available to certain employees with parking permits, and the other 78 spaces are non-employee (for volunteers, contractors, visitors, disabled, and loading).

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3 In addition to the 603 designated spaces, there are three informal, unstriped unpaved lots on the hospital grounds, one behind the laundry building and two behind Clarendon Hall. Although hospital staff confirmed that these lots are regularly used, they are not included in the total of designated spaces because of the difficulty of establishing their exact capacity. Observations made during the parking survey suggested that these lots, which held 34 vehicles on the day of the survey, might be able to accommodate an additional 10 to 15 vehicles.

Employee/Hospital – Related Parking Occupancy

Parking surveys were conducted to estimate parking supply and occupancy at Laguna Honda hospital for both employee and non-visitor, hospital-related parking.[4] During the survey period, 97 percent of all of the general employee parking spaces were occupied.

In addition to the 543 vehicles parked in designated spaces, there were also 47 vehicles parked in non-designated spaces, including 13 spaces occupies by loading vehicles and illegally parked vehicles, and 34 spaces located in unstriped gravel lots which are used for overflow parking by the hospital.

Overall, parking occupancy at the hospital in designated spaces is at 90 percent. This is generally considered effective capacity because parking lots operate inefficiently when near 100 percent capacity. In addition, if the 47 vehicles that were noted as parked in non-designated spaces were parked in designated spaces, occupancy would increase to 98 percent. Therefore, existing parking at Laguna Honda is considered at capacity.

Visitor Parking Occupancy

Twenty-six spaces are designated for two-hour visitor parking, Monday through Friday from 8:00 AM to 5:00 PM. Based on a parking turnover rate of 1.6, the average occupancy for visitor spaces at the main entrance was 85 percent. Average occupancy for the rear entrance lot, which was surveyed twice over a one-hour period, was 60 percent.[5]

C4(b) On-Street Parking

As shown in **Figure 3.2-1**, existing on-street parking conditions were examined within a study area roughly bounded by Alton Avenue to the north, Pacheco Street to the west, Hernandez Avenue to the south, and Woodside Avenue to the east. On-street parking is generally allowed in the study area, although most residential streets near the hospital have residential permit restrictions that limit parking for non-residents to two hours. With a few exceptions, unrestricted parking is allowed on two of the main arterials, Laguna Honda Boulevard and Woodside Avenue, as well as on Pacheco Street from Castanada Avenue to Alton Avenue. None of the on-street parking within the study area is metered or marked.

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4 Existing off-street parking supply and occupancy at Laguna Honda hospital are based on surveys conducted on Wednesday, May 3, 2000 for the weekday period between 10:00 and 12:00 PM on Wednesday, May 3, 2000. Weather conditions were warm and sunny.

5 To account for peak parking demand associated with the hospital day shift, Pittman & Hames Associates conducted the parking turnover survey between 1:00 AM and 3:00 PM on Wednesday, May 3, 2000. To estimate parking turnover, license plate surveys were conducted at 10:00 AM, 11:00 AM, and 12:00 PM for the 16 spaces at the main entrance. At the main entrance, 25 vehicles used the 16 spaces during the two-hour period, for a parking turnover rate of 1.6.

The areas of highest on-street parking occupancy were on the north t sides of Woodside Avenue (90 percent) and Plaza Avenue (85 percent), and the south side of Pacheco Street (80 percent) between Castanada Avenue and Alton Avenue. None of the remaining residential streets had parking occupancies higher than 45 percent; the overall average occupancy within the on-street study area was 25 to 30 percent.

There appears to be spillover parking from Laguna Honda hospital on several adjacent streets. It is likely that many of the vehicles parked along Woodside Avenue belong to hospital employees, although some of these vehicles could be associated with the Youth Guidance Center adjacent to Laguna Honda hospital along Woodside Avenue. Field observations indicate that within a half-hour after the 4:00 PM shift change, on-street parking occupancy dropped from 90 percent to 45 percent. Hospital staff also confirmed that approximately 45 vehicles parked along Woodside Drive probably belong to hospital employees.

C5. Pedestrian Conditions

Pedestrians entering and exiting the Forest Hill MUNI Station must cross Laguna Honda Boulevard to access the hospital site. Because the station is located mid-block between Plaza Street and Dewey Boulevard, there is a signalized crosswalk provided.

The most direct pedestrian route from the Forest Hill MUNI Station to the hospital is a pedestrian-only path that follows a steep slope with approximately 90 steps. There are handrails provided along the entire length of this path, but there is no provision for wheelchair access. Wheelchair users must follow Laguna Honda Boulevard past the pedestrian path to the main hospital entrance, cross the entrance driveway, and use the sidewalk on the opposite (west) side. Curbcuts are provided along the entire route. In the late afternoon, there are substantially more pedestrians leaving the hospital than arriving, primarily due to the 4:00 PM shift change at the hospital.[6]

C6. Bicycle Conditions

Bicycle conditions in the vicinity of the proposed project were qualitatively assessed during field observations. In general, during both the weekday midday and PM peak periods, bicycle conditions were observed to be acceptable, with only minor conflicts between bicyclists, pedestrians, and vehicles. Bicycle activity is relatively light on the surrounding streets, many of which are hilly residential streets. During field surveys in the PM peak period (4:00 to 6:00 PM), there were no bicyclists observed entering or exiting the site at the main entrance or Woodside Avenue driveways. Currently, there are no formally designated bicycle parking facilities provided on site.

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6 A Tuesday afternoon pedestrian count from 4:00 to 6:00 PM found 85 pedestrians exiting via the pedestrian path and 22 arriving. A Wednesday afternoon count from 3:30 to 4:30 PM found 46 pedestrians exiting and 14 arriving.

Near the study area, on-street bicycle lanes (Class II facilities) are currently provided on Laguna Honda Boulevard (north of Clarendon Avenue), O'Shaughnessy Boulevard, and Dewey Boulevard (west of Laguna Honda Boulevard, connecting to a bicycle lane on Taraval Street). Class III bicycle routes (signs but no bicycle lane) currently exist along Laguna Honda Boulevard (south of Clarendon Avenue), Woodside Avenue and Portola Drive.

C7. Loading Conditions

Loading conditions in the vicinity of the proposed project were qualitatively assessed based on conversations with Laguna Honda hospital staff[7] and field observations. The hospital currently uses a central receiving dock to accommodate the majority of deliveries to the site, located behind the main entrance (second floor) with space for two trucks. Larger trucks (semi-trailers) are unloaded in the hospital courtyard, and goods are then moved to the receiving dock. Additional delivery spaces are located along the adjoining hospital wings.[8]

Hospital staff estimated that approximately 20 trucks make deliveries to the site on an average day, including 5 to 6 semi-trailers. Loading activity occurs throughout the day (6:30 AM to 5:00 PM), although the peak loading period occurs from approximately 6:30 to 10:00 AM. The peak loading hour occurs from approximately 6:30 to 7:30 AM, when up to seven trucks could arrive at the site (to be handled on a "first-come, first-served" basis). However, there are generally few traffic and loading conflicts during peak loading hours, in large part due to the fact that any excess loading demand that occurs can be queued on-site, with little internal traffic disruption and no disruption to existing off-site traffic networks.

C8. Planned Improvements to Transportation Facilities

The Juvenile Probation Department and Department of Public Health plan to widen the Youth Guidance Center (YGC) access road to provide a joint use, two-way access road, located immediately east of and adjacent to the Laguna Honda hospital Woodside Avenue entry-only driveway. These improvements will be coordinated with the YGC Juvenile Hall Reconstruction Project. (Refer to **Section 3.1, Land Use and Planning, Subsection E, Planned and Approved Land Uses**, for a description of the YGC Juvenile Hall Reconstruction Project.)[9] From Woodside Avenue, one entry lane and two exit lanes will be provided, thereby reducing the afternoon peak back-up at Laguna Honda Boulevard, particularly during shift changes. A new traffic signal will be installed at the Woodside Avenue intersection, and will be tied

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7 Telephone conversation with Detlef Luebben, Laguna Honda hospital Senior Storekeeper, July 24, 2000.

8 Approximately 22 loading spaces (total) are located throughout the hospital site.

9 Improving Woodside Avenue access has been a Laguna Honda hospital objective long before the replacement project was formulated. Surveys show that at least 30 percent of existing staff leaving the existing main parking lot want to go east on Woodside Avenue. If they could use a two-way signalized driveway to Woodside Avenue it would reduce afternoon congestion at the only existing exit to Laguna Honda Boulevard. Since the YGC was planning to widen their driveway as part of the Juvenile Hall Reconstruction Project, Laguna Honda hospital decided to make it a joint project with the YGC.

to the existing signal at Woodside Avenue and Hernandez Street, allowing left and right turns when exiting both facilities. When these improvements are completed, the Woodside Avenue entrance will provide a major ingress and egress roadway for the hospital. These improvements are expected to commence in Spring 2002 and be completed by Fall 2002.

Exiting workers would now be able to make left-turn and right-turn movements. Currently, vehicles exiting the Woodside driveway are restricted to right turns only. The Woodside Drive improvements and signalization would also help alleviate on-site congestion and delays on Laguna Honda Boulevard during the shift change time periods, particularly the peak afternoon shift change.

D. PROJECT IMPACTS

D1. Significance Thresholds

D1(a) Local Intersections

In San Francisco, a project typically is considered to have a significant effect on the environment if it would cause intersection operations to deteriorate to an unacceptable level; interfere with existing transportation systems causing substantial alteration to circulation patterns or casing major traffic hazards; contribute substantially ("considerably") to cumulative traffic increases at intersections that would result in deterioration of traffic conditions to unacceptable levels; or contribute substantially to cumulative traffic increases at intersections already operating at unacceptable levels.

As defined by the City and County of San Francisco, the operational impact at intersections is considered significant when project-related traffic causes the intersection level of service for a signalized intersection to deteriorate from LOS D or better to LOS E or F, or from LOS E to LOS F. The City and County of San Francisco has no significance criteria for unsignalized intersections. For the purposes of this EIR, the operational impact at an unsignalized intersection is considered significant if two or more approaches operate at LOS E or F.

D1(b) Transit

In San Francisco, a project typically is considered to have a significant effect on the environment if it would cause a substantial project-specific or cumulative increase in transit demand that cannot be accommodated by existing or proposed transit capacity, resulting in unacceptable levels of transit service; or cause a substantial increase in operating costs such that significant adverse impacts in transit service levels could result. The project also would have a significant effect on the environment, if, when considering cumulative development in the area, it would contribute substantially to the deterioration of transit service or cause substantial conflict with transit operations.

D1(c) Parking

Policies in the *San Francisco General Plan* emphasize the importance of public transit use and discourage the provision of facilities that encourage automobile use. Creation of parking demand that cannot be met by existing or proposed parking facilities would not itself be considered a significant environmental effect. Data on unmet parking demand are presented for information purposes and may inform decisions regarding project approval. Secondary impacts may result from unmet parking demand, such as substantial changes in neighborhood character or creation of hazardous conditions caused by illegally parked cars, or traffic changes due to cars circling around looking for a parking space. Any such secondary impacts have been analyzed as part of the overall EIR analysis.

D1(d) Pedestrian and Bicyclists

For this analysis, a project would be considered to have a significant effect on the environment if it were to result in substantial overcrowding on public sidewalks or crosswalks creating an unacceptable pedestrian LOS; create hazardous conditions for pedestrian or bicyclists; or otherwise substantially interfere with pedestrian, or bicycle accessibility.

D1(e) Loading

The City and County of San Francisco has not formally adopted significance criteria for potential impacts related to loading activities. For this analysis, a project would be considered to have a significant effect on the environment if it were to create particularly hazardous conditions for passenger loading, not accommodate its anticipated freight and service vehicle loading demand, or otherwise substantially interfere with vehicular, transit, pedestrian, or bicycle accessibility to the site and to adjoining areas.

D1(f) Construction

The proposed project would be considered to have significant transportation impacts during the construction period if it were to create substantial traffic hazards; create traffic congestion that would substantially contribute to a significant deterioration in air quality; or substantially interfere with transit, pedestrian, or bicycle access to the site and to adjoining uses.

D2. Impacts of the Proposed Project[10]

D2(a) Project Travel Demand Analysis

A three-step approach was used to determine the net new travel demand generated by the proposed project during the weekday PM peak hour to differentiate between trips generated by the Main Hospital

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10 The assisted living facility would be constructed sometime after 2010, when the main hospital project would be completed. For EIR purposes, the assisted living facility has been included with the transportation impact analysis for the entire Laguna Honda Hospital Replacement Project. The assisted living facility is included with the discussion of project travel demand, and project traffic, transit, parking, loading, pedestrian, bicycle, and construction impacts.

(Greenhouse Building, Link Building, Clarendon Hill East Building, and Clarendon Hill West Building), assisted living facility, and outpatient program expansion services.

Trip Generation

Appendix 3.2 of this EIR provides a description of the methodology used to determine trip generation for the Main Hospital.

The proposed Main Hospital would generate approximately 229 vehicle and transit trips (inbound and outbound) during the weekday PM peak, 26 of which would be new to the area. Based on trips recorded at the existing site, approximately 75 percent of the weekday PM peak hour trips would be outbound from the site, and about 25 percent of the trips would be inbound to the site.

Based on the analysis used for a similar facility, as provided by the Planning Department,[11] daily person-trips related to the proposed assisted living facility would consist of travel by employees, visitors, and residents at the proposed facility. PM peak hour person-trips would consist of travel only by employees and visitors. The assisted living facility would generate approximately 562 person-trips (inbound and outbound) and 135 vehicle trips on a daily basis, and approximately 69 person-trips and 36 vehicle trips during the weekday PM peak hour. Overall, approximately half of these PM peak hour trips would be inbound, and half would be outbound.

Trips generated by the proposed expansion of outpatient programs at the project site would consist of both visitor and employee trips. As discussed in **Section 2.0, Project Description**, existing programs and services provided by the hospital would be expanded by approximately 25 percent.

During the PM peak hour, employee trips generated by outpatient program expansion were assumed to be equal to the number of new employees (12 trips). An additional two trips were assigned to account for the increased number of program participants being brought to and from the site in shuttle vans, for a total of 14 trips. All trips were assumed to be outbound.

Mode Split and Average Vehicle Occupancy

During the weekday PM peak hour, approximately 79 percent of all person-trips would be by auto and 21 percent by transit. The proposed project would generate about 65 additional vehicle-trips during the weekday PM peak hour. To determine the number of vehicle-trips generated by the number of auto person-trips, the average vehicle occupancy (AVO) was used, based on the *Interim Transportation Impact Analysis Guidelines for Environmental Review* (January 2000) (*Transportation Guidelines*).

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11 Methodology based on the trip generation analysis for the *1701 19th Avenue Transportation Study*, September 25, 1998.

Trip Distribution

The distribution of work and non-work (visitor) trips generated by the proposed project was obtained from the *Transportation Guidelines.* Trips generated by the proposed project would be fairly evenly distributed for areas to the east (34.6 percent work / 32.5 percent visitor) and west (29.8 percent work / 31.0 percent visitor). The fewest trips would be to areas south of the project site (17.0 percent work / 8.0 percent visitor). Trip distribution was used as the basis for assigning project-related trips to the local streets in the study area and the local and regional transit operators.

Parking Demand

Parking demand consists of both long-term demand (typically employee parking) and short-term demand (typically visitors and patrons). The proposed project would generate a total net new parking demand of 76 spaces, 50 of which would be long-term demand and 26 of which would be short-term demand. Total parking demand is over-estimated because demand from the laundry facility that would be moved off-site has been included in the total demand for the hospital use. The hospital would generate net new demand for approximately 33 long-term parking spaces and 4 short-term parking spaces.[12] The assisted living facility is estimated to generate a demand for 17 long-term parking spaces and 13 short-term parking spaces; outpatient program expansion services would generate a demand for 9 short-term parking spaces.

Loading Demand

Freight delivery and service vehicle demand was estimated based on the methodology and truck generation rates presented in the *Transportation Guidelines.* The proposed project would generate approximately 76.6 delivery/service trips per day. This corresponds to a demand for 4.4 loading spaces during an average hour and 10.6 spaces during the peak loading hour. It is anticipated that many of the delivery/service vehicles that would be generated by the proposed project would consist of small trucks and vans.

D2(b) Existing Plus Project Conditions

Traffic Impacts

Table 3.2-2, Intersection Level of Service, Existing and Existing plus Project Conditions, presents the Existing Plus Project intersection operating conditions for the weekday PM peak hour. This analysis assumes that the signalization, widening, and two-way reconfiguration of the Woodside Avenue Access Driveway has been completed. The delay and levels of service at each unsignalized intersection are

12 Estimated hospital parking demand is based on existing traffic counts, as well as estimates of parking based on the number of net new outbound trips These are considered conservative estimates because it is possible that not all outbound vehicle trips require parking spaces. Some percentage of employee outbound vehicle trips may be passenger pick-ups (i.e., employees leaving the hospital who are picked up by friends or relatives).

presented for the intersection as an average and for the worst approach. As a two-way, signalized intersection, the Woodside Access Driveway intersection would operate at LOS A with 4.8 seconds of delay. The average delay per vehicle at the Dewey/Laguna Honda/Woodside and the Main Hospital Access Driveway intersections would slightly improve as a result of vehicles able to use the planned two-way Woodside Avenue Hospital Access Driveway.

Table 3.2-2
Intersection Level of Service, Existing and Existing plus Project Conditions

	Existing				Existing Plus Project			
	Average		Approach[1]		Average		Approach[1]	
Intersection	**Delay[2]**	**LOS**	**Delay[2]**	**LOS**	**Delay[2]**	**LOS**	**Delay[2]**	**LOS**
Clarendon Ave./ Laguna Honda Blvd.[3]	4.6	A	18.7	C	4.7	A	19.2	C
Dewey / Laguna Honda / Woodside	12.8	B	-	-	12.4	B	-	-
Woodside / O'Shaughnessy/ Portola[4]	37.4	D	-	-	39.0	D	-	-
Hospital Main Access Driveway[3]	0.9	A	12.6	C	0.5	A	12.9	C
Shared, Signalized Woodside Access Driveway[5,6]	-	-	-	-	4.9	A	-	-

Source: Wilbur Smith Associates, January 2001
Notes:
1 *At unsignalized intersections, the delay and level of service are also presented for the worst approach: westbound at Clarendon Avenue/Laguna Honda Boulevard; westbound at the Hospital Main Access Driveway; and eastbound at the Woodside Hospital Access Driveway (existing conditions only). At each of these intersections, the average intersection delay is lower than the delay for the stop-controlled approaches.*
2 *Delay presented in seconds per vehicle.*
3 *Unsignalized intersections. The levels of service as defined for signalized intersections are different from those defined for unsignalized intersections, as shown in **Appendix 3.2, Table 1**.*
4 *A 0.90 and 0.92 volume-to-capacity (V/C) ratio under Existing and Existing Plus Project conditions (respectively).*
5 *Existing conditions do not reflect proposed signal. With the addition of a signal (and two-way access), existing conditions would operate at LOS A, with 4.4 seconds of delay.*
6 *Combined, signalized driveway for the Laguna Honda hospital and SF Youth Guidance Center (YGC).*

The addition of project-generated traffic would result in minimal changes in average delay per vehicle at the study intersections, and all study intersections would continue to operate at the same service levels as under existing conditions. Therefore, the project would not have a significant effect on intersection operations.

Transit Impacts

The proposed project would generate approximately 24 net new PM peak hour transit trips (11 inbound and 13 outbound). Nine trips are projected for north/south routes, and 15 trips for east/west routes. Based on the seven bus and light rail routes serving the immediate station area during the PM peak hour,

and headways ranging from 6 to 20 minutes, there are 76 transit vehicles serving the Forest Hill Station during the PM peak hour. An additional 24 transit trips would result in fewer than four net new transit trips per route (or less than one net new trip per three transit vehicles), which would not substantially increase the number of passengers to affect existing MUNI peak hour capacity utilization. The proposed project would not cause a substantial increase in transit demand that cannot be accommodated by existing or proposed transit capacity and would not cause a significant environmental effect on existing transit service.

Parking Impacts

The proposed project would supply a total of 655 parking spaces, a net increase of 52 spaces over the existing 603 designated spaces. As shown in Figure 3.2-3, Proposed Parking Plan, these 655 parking spaces would be provided mainly in three locations: 340 spaces in the Main East Parking Lot; 119 spaces in the Clarendon Valley Parking Lot; and 164 spaces in the New Clarendon West Parking Lot. The remaining 32 spaces would be provided in the Main Front Entry parking lot (24 spaces) and service driveways (8 spaces). All on-street parking within the hospital site would be removed.

The proposed project would generate a total net new parking demand of 76 spaces, 50 of which would be long-term demand and 26 of which would be short-term demand. The proposed parking supply of 655 spaces would result in an unmet demand of approximately 58 spaces.[13]

The unmet demand of 58 spaces is over-estimated because it includes demand from the off-site laundry facility, and does not account for the existing parking spaces that would no longer be used by the relocated laundry workers. The trip generation and resulting parking demand methodology cannot precisely separate the parking demand generated by the laundry from total hospital demand. The unmet demand could be partially accommodated on-site in spaces no longer used by laundry workers, and in visitor lots which are currently under-utilized. Otherwise, the project would increase overflow on-street parking, which already occurs on major arterials in the immediate project vicinity.

Increased on-street parking on arterials may result in some increase in pedestrian safety hazards, since traffic travels at a higher speed along these arterials than on residential streets. Also, some pedestrians may be tempted to cross mid-block because blocks are long. However, there are sidewalks along both arterials, and signalized pedestrian crossings are provided at the intersection of Laguna Honda Boulevard and Woodside Avenue and mid-block at the MUNI Forest Hill Station. Residential streets in the vicinity are protected against commuter parking by residential permit programs. The proposed project would not

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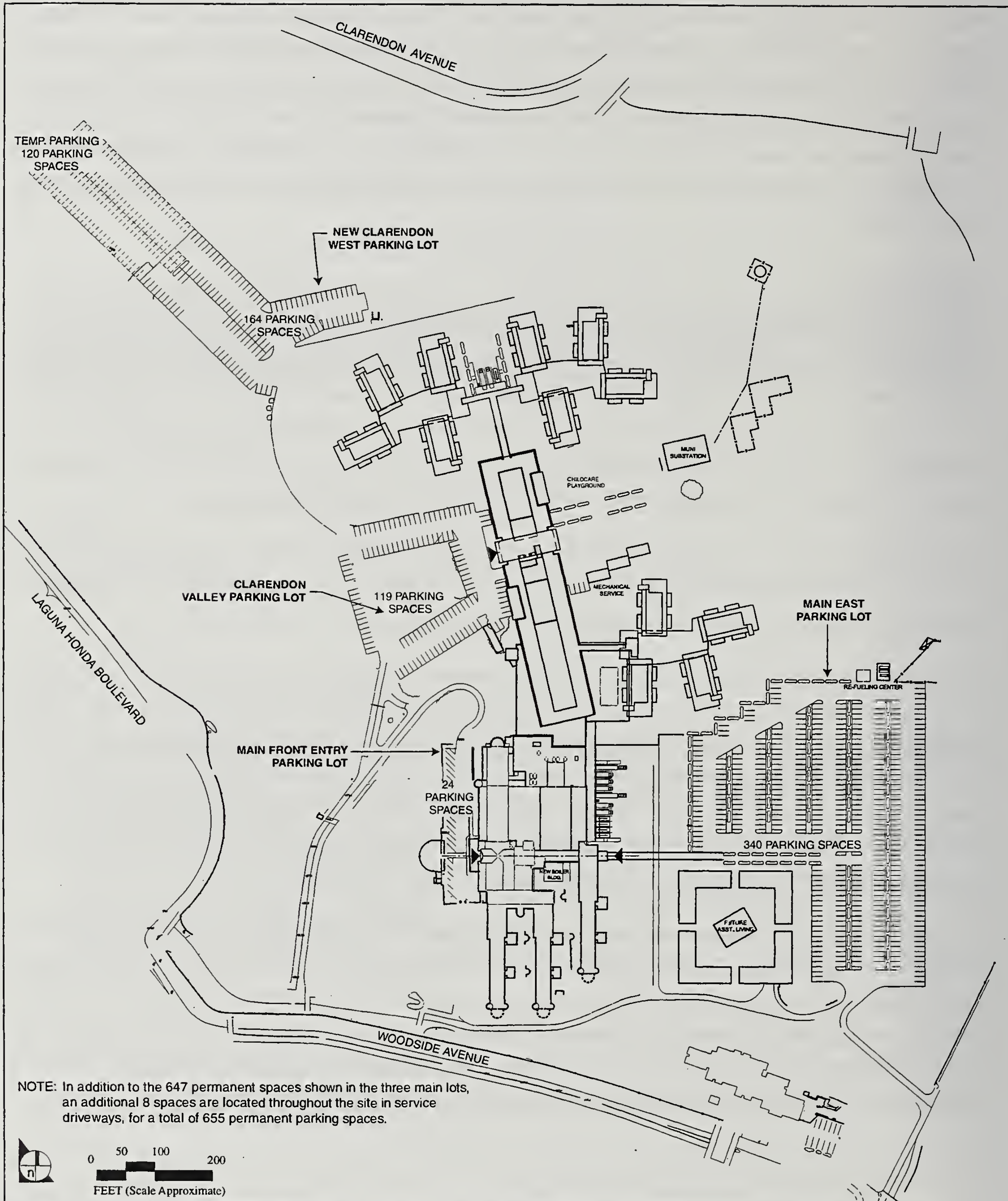
13 The unmet demand is calculated by adding four numbers: existing designated spaces (603), vehicles parked in informal, unstriped, unpaved lots (34), net new long-term demand (50), and net new short-term demand (26), for a total of 713. Parking spaces that would be supplied by the proposed project (655 spaces) were then subtracted from this total. Existing designated spaces were used to indicate demand, because existing lots are at 90 percent occupancy, which is near operational capacity. The unmet demand of approximately 58 spaces is thus a conservative estimate, because it assumes that all available designated spaces are filled



SOURCE: Anshen + Allen Architects

FIGURE 3.2-3

Proposed Parking Plan

result in secondary parking impacts, as the unmet demand of 58 spaces would not cause a substantial change in neighborhood character or create hazardous traffic or parking conditions.

In addition, field surveys indicated that non-employee parking is not fully utilized. Therefore, unmet parking demand could be partly met by increasing the percentage of employee parking and decreasing the percentage of non-employee parking. Currently, 13 percent of all parking spaces are reserved for non-employees, and these spaces are only 55 percent occupied. The proposed project could reduce the percentage of non-employee spaces to 10 percent or lower, thereby providing additional spaces to meet employee parking demand and reduce overflow parking.

Parking deficits are social effects that do not necessarily constitute impacts on the physical environment as defined by CEQA. Under California Public Resources Code Section 21060.5, "environment" means "the physical conditions which exist within the area which will be affected by a proposed project, including land, air, water, minerals, flora, fauna, noise, and objects of historic or aesthetic significance." Parking deficits may be associated with secondary physical environmental impacts that may include increased traffic congestion at intersections, air quality, or noise effects caused by congestion. In the absence of related secondary physical environmental impacts, CEQA does not require environmental documents to propose mitigation measures solely because a project would have parking shortfalls.

Cars circling and looking for a parking space could have temporary physical impacts, but any secondary environmental impacts associated with a shortfall in parking in the vicinity of the proposed project would likely be minor and difficult to predict. Moreover, in the experience of San Francisco transportation planners, the absence of a ready supply of parking spaces combined with readily available alternatives to auto travel (e.g., frequent transit service, taxis, bicycles or travel by foot) and relatively dense patterns of urban development may induce drivers to seek and find alternative parking facilities, as described above, shift to other modes of travel, or change their overall travel habits.

Thus, a parking shortage may not be a permanent condition for San Francisco conditions and may not constitute an environmental impact even though this may represent an inconvenience to drivers. Therefore, the creation of or increase in parking demand resulting from a proposed project that cannot be met by existing or proposed parking facilities would not itself be considered a significant environmental effect.

Given the relatively small unmet parking demand (i.e., up to 58 spaces) and the relatively brief period of time when such a deficit would occur, the increased parking demand would not substantially alter the character of the areawide parking situation. Therefore, the project would have less-than-significant parking impacts.

<u>Planning Code Parking Requirements</u>

Based on the City *Planning Code*, the proposed project would be required to provide a minimum of 294 off-street parking spaces. The project would provide 655 spaces, which would exceed the *Planning Code*

requirement by 361 spaces. This number of spaces would also exceed the maximum allowable permitted accessory parking under Section 204.5 (c) of the *Planning Code.*[14] Therefore, the project sponsor would request a Conditional Use permit "for parking for a specific use or uses, where the amount of parking provided exceeds the amount classified as accessory parking in Section 204.5..." In reviewing the application for a Conditional Use permit, the City Planning Commission would consider the criteria set forth in Section 157 of the *Planning Code,* including "(a) Demonstration that trips to the use or uses to be served, and the apparent demand for additional parking, cannot be satisfied by the amount of parking classified by this Code as accessory, by transit service which exists or is likely to be provided in the foreseeable future, by carpool arrangements, by more efficient use of existing on-street and off-street parking available in the area, and by other means;..."

The proposed project would also be required to provide 26 handicapped spaces, 51 bicycle parking spaces, eight showers and 16 clothes lockers, which the proposed project would supply.

Pedestrian Impacts

The proposed project is anticipated to result in a minimal increase of pedestrian traffic in the vicinity of the project site, the majority of which would be trips between the site and the Forest Hill MUNI Station. Overall, the additional project-related pedestrian trips are not anticipated to substantially affect the current sidewalk conditions along Laguna Honda Boulevard, at the Forest Hill pedestrian crossing, or along Woodside Avenue. In addition, the two existing pedestrian entrances to the project site (the pedestrian-only stairway on Laguna Honda Boulevard and the sidewalk at the main entrance) would be maintained with construction of the proposed project. As these facilities currently have relatively low volumes, on-site pedestrian conditions would continue to remain acceptable. The proposed project would not result in a significant environmental effect related to pedestrians.

Bicycle Impacts

The proposed project is anticipated to result in a minimal increase of bicycle traffic. As noted earlier bicycle activity is relatively light on the surrounding streets (many of which are hilly residential streets) and no bicyclists were observed entering or exiting the project site during field surveys. With the curren traffic levels on the adjacent streets, bicycle travel generally occurs without major impediments or safety problems. Although the proposed project would result in an increased number of vehicles in the vicinity of the project site, this increase would not be substantial enough to affect the limited amount of bicycle travel in the area. The project would not create hazardous conditions or interfere with bicycle accessibility and, therefore, would not result in significant environmental effects on bicycle conditions The proposed bicycle parking may result in increased use of bicycle travel or parking on-site; however this is not expected to result in problems of accessibility or create hazards.

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14 Under Section 204. (c), 150 percent of the required number of spaces provided by the project could be allowed a an accessory use (i.e., a total of 441 spaces (294 spaces x 150 percent).

Loading Impacts

Loading impacts were assessed by comparing the proposed loading space supply to the San Francisco Planning Code requirements and estimated loading demand during an average hour. Based on the *Transportation Guidelines*, project loading impacts are determined by comparing the proposed loading space supply to the estimated demand during the peak loading hour.

The proposed project includes the construction of a new loading dock at the new Main Hospital Building; and improvement to the existing loading dock, at the northeast corner of Wing H of the remaining portion of the existing hospital. Each loading area would accommodate a minimum of two trucks, including larger trucks (semi-trailers). The proposed project would be required to provide four off-street freight loading spaces at the proposed new hospital and associated administration building. The *Planning Code* does not require the provision of any off-street loading spaces at the assisted living facility. The proposed off-street loading supply would exceed the *Planning Code* requirement by supplying nine spaces at the new Main Hospital Building, and an additional two spaces at the proposed assisted living facility. All loading spaces would meet the minimum dimensions as presented in the *Planning Code*.

Based on the loading demand analysis presented in the *Transportation Guidelines*, the proposed project would generate a loading demand for 3.6 spaces during an average loading hour and 4.4 spaces during the peak loading hour. As such, the proposed off-street loading supply would accommodate the calculated demand.

Alternatively, based on existing loading conditions described in this section in **Subsection C7., Loading Conditions**, it could be anticipated that the proposed project would generate a loading demand for 20 trucks per day, and up to 7 trucks during the peak loading hour (approximately 6:30 to 7:30 AM). Hospital staff and the project sponsor do not anticipate an increase in loading activity with construction of the proposed project.[15] As such, the proposed off-street loading supply should accommodate future demand, as this demand is currently met on site. It should be noted that any excess loading demand that may occur would be able to be accommodated on site, with no disruption to existing off-site traffic networks. Disruption of internal traffic circulation would not be a significant effect of the project. Therefore, the project would not have significant loading impacts.

Construction Impacts

Construction would be phased to ensure that existing hospital facilities would remain in operation and that there would be no interruption in the existing services throughout the construction period. Construction of the proposed project is expected to take approximately eight years, but would involve varying and intermittent levels of activity during the different phases of construction. It is anticipated

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15 Telephone conversation with Detlef Luebben, Laguna Honda hospital Senior Storekeeper, July 24, 2000, and correspondence with Marilyn Thompson, San Francisco Department of Public Works (DPW), July 25, 2000

that construction activities would start by Fall 2002 and be completed by Fall 2010. Although the assisted living facility would be constructed sometime after 2010, this facility has been included with the discussion of construction traffic impacts for the overall project. Refer to **Section 2.0, Project Description, Section E4., Proposed Construction Phasing Plan**, for a detailed description of the construction phasing and schedule.

Construction-related activities would typically occur Monday through Friday from 7:00 AM to 5:00 PM. Construction staging and storage of equipment and materials would occur on the project site. Preliminary construction plans indicate that no traffic lanes or sidewalks on either Woodside Avenue or Laguna Honda Boulevard would need to be closed during the construction duration. However, if it is determined that temporary traffic lane closures would be needed, the closures would be coordinated with the City in order to minimize the impacts on local traffic.

The proposed project could affect MUNI's 89-Laguna Honda route during project construction and operation. The 89 line, which operates within the hospital grounds, could require interim re-routing during project construction. It is not anticipated that any additional MUNI bus stop(s) would need to be relocated during construction of the proposed project. However, if it is determined that additional temporary MUNI bus stop relocations would be needed, they would be coordinated with MUNI's Street Operations division. During the construction period, there would be a flow of construction-related trucks into and out of the site. The impact of construction truck traffic would be a temporary lessening of the capacities of streets due to the slower movement and larger turning radii of trucks. This would affect both traffic and MUNI operations. Based on preliminary construction plans, truck traffic would range from a typical average of seven trucks per day to a maximum peak of 15 trucks per day. Peak truck traffic would occur in the first year of Phase Two when the construction of the Greenhouse Building and Clarendon Hill East Building would occur simultaneously.[16] The peak construction period would last up to six months. Current construction plans call for the reuse of demolition materials on site, which would decrease the number of truck trips to the site. This decrease has not yet been accounted for in this estimate; therefore, this analysis overestimates the number of construction-related truck trips during Phase Three, and presents a "worst-case," conservative assessment of construction truck traffic.

The majority of construction-related truck deliveries and haul routes are anticipated to be from south or east of the project site, traveling on I-280. For access to and from the site from I-280, trucks would be routed via Junipero Serra Boulevard, to Portola Drive to Woodside Avenue. The improvements and signalization of Woodside Avenue will be completed by Fall 2002, thereby providing two-way access to the hospital site at this location that would improve truck access and circulation during construction. The majority of construction-related vehicles are expected to access the site from the Main Hospital entrance and all would exit the site turning right from the Main Hospital entrance towards 7th Avenue.

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16 Craig Bjorkman, Turner Construction Company, letter communication, November 12, 2001.

Phase Two would be the most labor-intensive phase of construction and would require an estimated maximum of 220 workers for a five-month period.

Trip distribution and mode split data are not available for the construction workers. In terms of traffic conditions, the "worst-case" scenario would be if all workers drove to the project site. However, the project site is located adjacent to the Forest Hill Station, served by six bus lines and three light rail lines, with shuttle service from the station to the project site. Assuming that a portion of the construction workers car-pooled and used transit, approximately 80 to 130 construction worker vehicles would travel to the project site. This traffic would somewhat affect the operating conditions at the nearby intersections. The addition of vehicles during the peak construction period (a maximum of approximately 220 workers) would have a greater impact on those intersections, although these impacts would not be considered significant as the increased traffic would not create traffic congestion that would substantially contribute to a significant decrease in air quality, or substantially interfere with transit, pedestrian, or bicycle access to the site.

<u>Construction Parking</u>

In addition, these construction workers would cause a temporary parking demand. The peak demand for construction parking would be 220 spaces. During most phases of construction, it is anticipated that construction-related parking could be accommodated within the project site. The existing 603 spaces would be maintained or increased throughout almost all phases of construction. In the early part of Phase One, all 603 existing spaces would be available, and the number would increase to about 655 spaces as new parking is added to the site. During Phase Two, 390 of the existing parking spaces would remain, and 460 new spaces would be added for a total of 850 spaces. During Phase Three-A, total parking would range from 695 spaces to 839 spaces, as new spaces are provided with the new construction. In Phase Three-B, the number of parking spaces would be reduced temporarily to 591, 12 spaces fewer than currently exists. During the peak construction period, the project sponsor and contractor would make arrangements at remote parking facilities, if necessary, to provide shuttle service to the site for both construction workers and hospital employees during a five-month period. Therefore, the proposed project would not result in a significant impact associated with construction-related parking demand.

D2(c) Future Year 2015 Cumulative Conditions

Cumulative traffic growth would occur from other developments in the project area as well as the proposed project itself. Based on the *Transportation Guidelines*, the total cumulative growth was assumed to occur at a rate of 1 percent per year until the year 2015 (a 16.1 percent growth factor). The calculated cumulative traffic volumes were used to forecast the levels of service at the five study intersections under 2015 cumulative conditions. The cumulative growth rate used for this study accounts for the level of traffic that would be associated with the other proposed projects in the vicinity of the proposed project as well as the project itself.

Table 3.2-3, Intersection Level of Service, 2015 Cumulative Conditions, presents the 2015 Cumulative intersection operation conditions during the weekday PM peak hour. For each unsignalized intersection, the delay and levels of service are presented for the intersection as an average and for the worst approach.

Table 3.2-3
Intersection Level of Service, 2015 Cumulative Conditions

	Average			Worst Approach[1]	
Intersection	**Delay[2]**	**LOS**	**V/C[3]**	**Delay[2]**	**LOS**
Clarendon Ave./ Laguna Honda Blvd.[4]	12.2	C		53.0	F
Dewey / Laguna Honda / Woodside	15.7	C		-	-
Woodside / O'Shaughnessy / Portola	59.7	E	1.06	-	-
Hospital Main Access Driveway[4]	0.6	A		17.65	C
Shared, Signalized Woodside Access Driveway	5.5	B		-	-

Source: Wilbur Smith Associates, January 2001
Notes:
1 *At unsignalized intersections, the delay and level of service are also presented for the worst approach: westbound at Clarendon Avenue/Laguna Honda Boulevard; westbound at the Hospital Main Access Driveway; and eastbound at the Woodside Hospital Access Driveway. At each of these intersections, the average intersection delay is lower than the delay for the stop-controlled approaches.*
2 *Delay presented in seconds per vehicle.*
3 *Volume-to-capacity ratio.*
4 *Unsignalized intersections. The levels of service as defined for signalized intersections are different from those defined for unsignalized intersections, as shown in **Tables 1 and 2 in Appendix** 3.2.*

Under 2015 cumulative operating conditions, the westbound approach at the unsignalized intersection of Clarendon Avenue/Laguna Honda Boulevard would worsen from LOS C to operate at LOS F, resulting from difficulty in making left turns from Clarendon Avenue onto Laguna Honda Boulevard. The proposed project would represent 4 percent of overall future traffic growth at this intersection, but the project would not contribute any vehicles during the PM peak hour at the Clarendon Avenue approach that would operate poorly. Therefore, the project would not make a significant contribution to cumulative traffic impacts at this intersection.

Under 2015 cumulative operating conditions, the signalized intersection of Woodside/ O'Shaughnessy/Portola would worsen from LOS D to operate at LOS E. The proposed project would contribute 29 vehicles during the PM peak hour, which would represent less than 4 percent of overall future traffic growth at this intersection. The movements to which the project would make the greatest contributions, left turn and through movements from Woodside Avenue and westbound right turns from Portola Drive, would operate satisfactorily for future cumulative conditions. The intersection's future deterioration in performance would be concentrated in other movements, and the project would contribute no more than two vehicles to any of the specific movements that would operate poorly and

cause the intersection's overall operation of LOS E. Thus, the project would not make a considerable contribution to cumulative traffic impacts at this intersection.

The remaining intersections, including all approaches at stop-controlled intersections, would operate at LOS C or better for future cumulative conditions. For these reasons, the project would not make a significant contribution to any cumulative traffic impacts.

A. SUMMARY

The project site is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. The project site's visibility is somewhat limited due to a combination of intervening topography and existing vegetation, although unobstructed views of the site are available from publicly-accessible Twin Peaks Park.

Overall, the proposed project would involve the construction of new hospital buildings and a new parking lot, plus reconfiguration of other parking lots on campus, in an area that is already developed. The heights of the new buildings would be similar to those of the existing buildings on the site. The project would not substantially block or alter scenic vistas from public viewpoints in the area. Also, for the most part, the addition of the new buildings would not substantially change the character of the surrounding area. From Twin Peaks Park, however, the proposed hospital buildings would negatively affect the character of the surrounding area due to the large-scale and more visible nature of the proposed buildings. This is considered to be a significant impact. The project sponsor has agreed to implement mitigation measures described in **Section 4.0, Mitigation Measures**, *that would reduce this impact to a less-than-significant level.*

Although the project involves the removal of trees, this action would not result in a significant change to the visual character of the area. The majority of trees proposed to be removed are within the site's interior and would not affect the dense stand of trees located along the northern, eastern, and western perimeter of the site. The proposed project, therefore, would not result in a significant impact associated with tree removal.

The proposed project would create a shift in light sources and would introduce new light sources in certain portions of the hospital campus. These changes would not represent a new source of substantial light given the developed nature of the area. In addition, the proposed lighting fixtures would be designed to minimize glare and off-site impacts. Therefore, impacts associated with light and glare are considered less than significant.

B. INTRODUCTION

The Initial Study prepared for this project determined that, while the proposed project would result in visual changes, no substantial, demonstrable negative aesthetic effect would occur. As such, this topic is not discussed in this EIR. This section focuses on visual changes in the context of alteration or obstruction of scenic views from public areas, tree removal, and the introduction and change of light

sources. This section includes a description of existing visual conditions and an evaluation of potential aesthetic effects associated with implementation of the proposed project. Computer-generated visual simulations illustrating conceptual "before" and "after" visual conditions at the project site as seen from three representative public vantage points are presented as part of the analysis. Digitized photographs and computer modeling and rendering techniques were utilized by Merrill + Befu Associates to prepare the simulation images, which are based on drawing data provided by the project engineers and architects.

The visual analysis of the project's potential visual effects is based on field observations of the project site and surroundings in addition to review of the following materials: project drawings and technical data, aerial and ground-level photographs of the project area, topographic data, computer-generated visual simulations from representative viewing locations, and public planning documents.

C. EXISTING CONDITIONS

C1. Project Site and Vicinity

The Laguna Honda hospital campus is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. Elevations range from 390 feet above mean sea level (msl) in the northeastern portion of the project site to 620 feet above msl in the southeastern portion of the site.

The developed areas of the campus are mainly in the central valley (i.e., Clarendon Valley) and in the north-central, southern, and southeastern portions of the site. The existing campus has two principal hospital buildings, the Main Hospital Building and Clarendon Hall. Clarendon Hall is situated on a knoll north of Clarendon Valley and is connected by a bridge building that spans the valley to the Main Hospital Building, which sits on a knoll in the southern portion of the campus. Support facilities for the campus are located within Clarendon Valley. The campus currently has several parking lots: the Main East Parking Lot, Clarendon Valley Parking Lot, Clarendon Hall East Parking Lot, and various other smaller lots. The undeveloped portions of the campus are mainly characterized by existing vegetation including mature eucalyptus trees, other exotic trees, and native vegetation. Other areas of existing vegetation include landscaped areas throughout the developed portions of the campus.

C2. Existing Off-Site Views of the Project Site

Views of the project site are available mainly from nearby residential areas to the south. A partial view of the hospital, i.e., the rooftop of Clarendon Hall, can be seen from the residential neighborhood to the west. Portions of the site are also visible from publicly-accessible viewpoints in the vicinity of

the site, including Twin Peaks Park and sidewalks along Laguna Honda Boulevard. The project site's visibility is somewhat limited due to a combination of intervening topography and vegetation. Based on a visit to the site vicinity, the site is not visible from the neighborhood areas to the north and east, and from the majority of publicly-accessible areas near the site, such as Mount Davidson Park (to the south of Laguna Honda hospital) and Eugene McAteer High School (to the east and south of Laguna Honda hospital).

Three viewpoints of the project site from publicly-accessible areas near the site were selected for analysis. These viewpoints were determined by San Francisco Planning Department staff to provide representative views of the site from off-site locations. The selected viewpoints provide both short-range and long-range views. **Figure 3.3-1, Key to Viewpoint Locations,** depicts the locations of the selected viewpoints; **Figures 3.3-2** through **3.3-4** provide photographs of the viewpoints selected and show the existing view and the simulation of the view with the project.[1]

C2(a) Viewpoint 1: Laguna Honda Boulevard

Laguna Honda Boulevard is a public street located west of the project site. The existing view from Laguna Honda Boulevard is shown in the top portion of **Figure 3.3-2, View 1: Looking Southeast from Laguna Honda Boulevard.** The view direction is southeast and is representative of what a pedestrian would see walking along the sidewalk on the west side of Laguna Honda Boulevard south of Clarendon Avenue. This view shows the northwestern portion of the project site. Laguna Honda Boulevard, a chain link fence along the project site boundary, and existing grasses and shrubs are visible in the foreground of the photograph. Utility poles, grasses, shrubs, and trees are visible in the mid-ground. The developed portion of the project site, specifically Clarendon Hall, is beyond the trees and is not visible in this view.

C2(b) Viewpoint 2: Edgehill Way

Edgehill Way is a hillside residential street located southwest of the project site in the Forest Hill neighborhood. **Figure 3.3-3, View 2: Looking Northeast from Edgehill Way,** shows an existing view looking northeast toward the project site. The foreground of this image consists of the existing residential neighborhood, including homes, streets, and landscaping. The Main Hospital Building is a major feature from this view and can be seen in the mid-ground of the view (from the center to the right-hand side of the photograph). As shown, prominent vegetation borders the western hospital property

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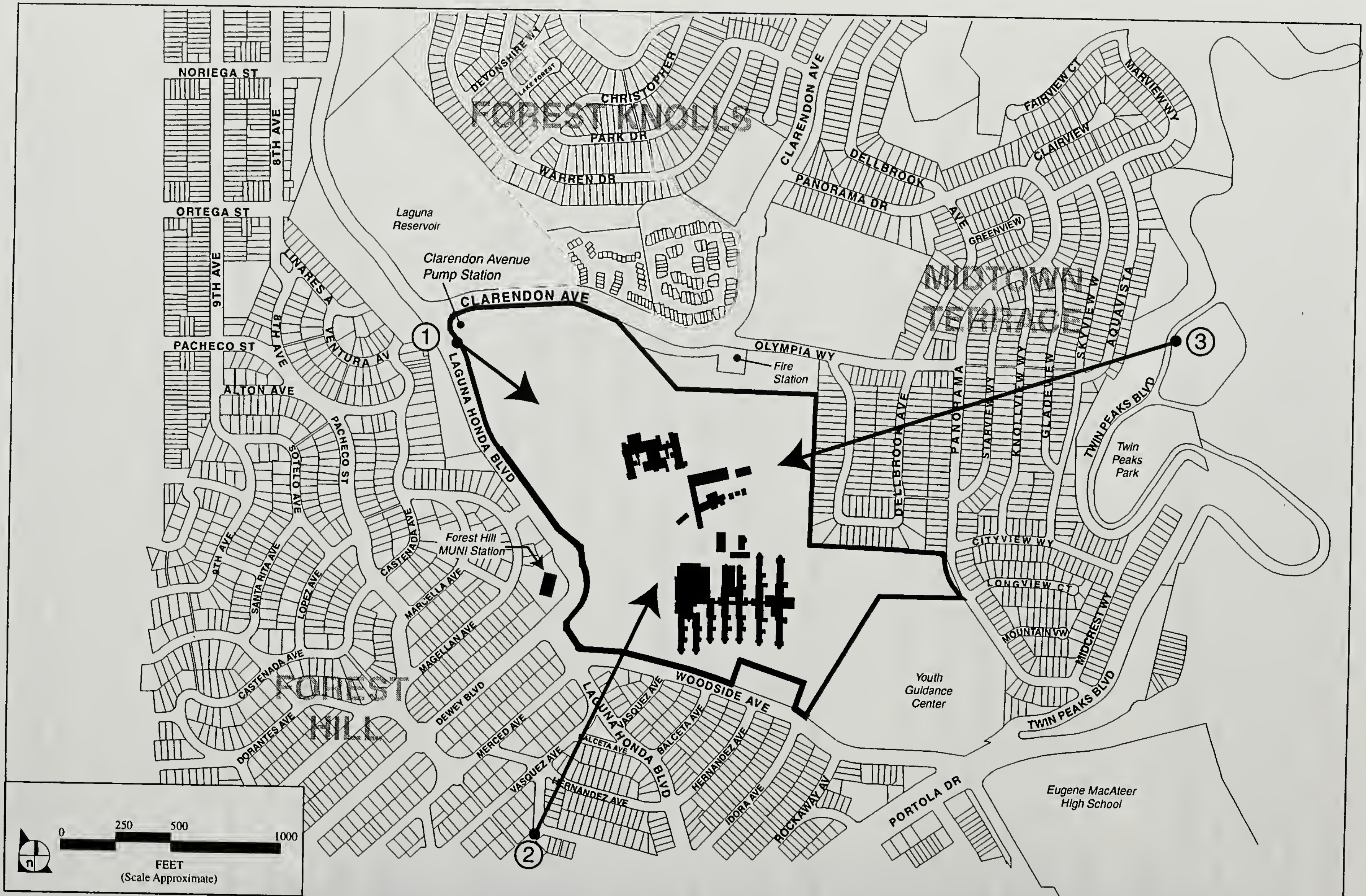
1 The lens settings used for the simulations were as follows: Edgehill Drive view - approximately 42 mm (angle of view: 46 degrees) (slightly wide lens). Laguna Honda Boulevard view - approximately 50 mm (angle of view 39.5 degrees) ('normal' lens). Twin Peaks Park view - approximately 65 mm (angle of view approximately 30 degrees) (somewhat long lens).



SOURCE: City and County of San Francisco, Impact Sciences

FIGURE 3.3-1

Key to Viewpoint Locations

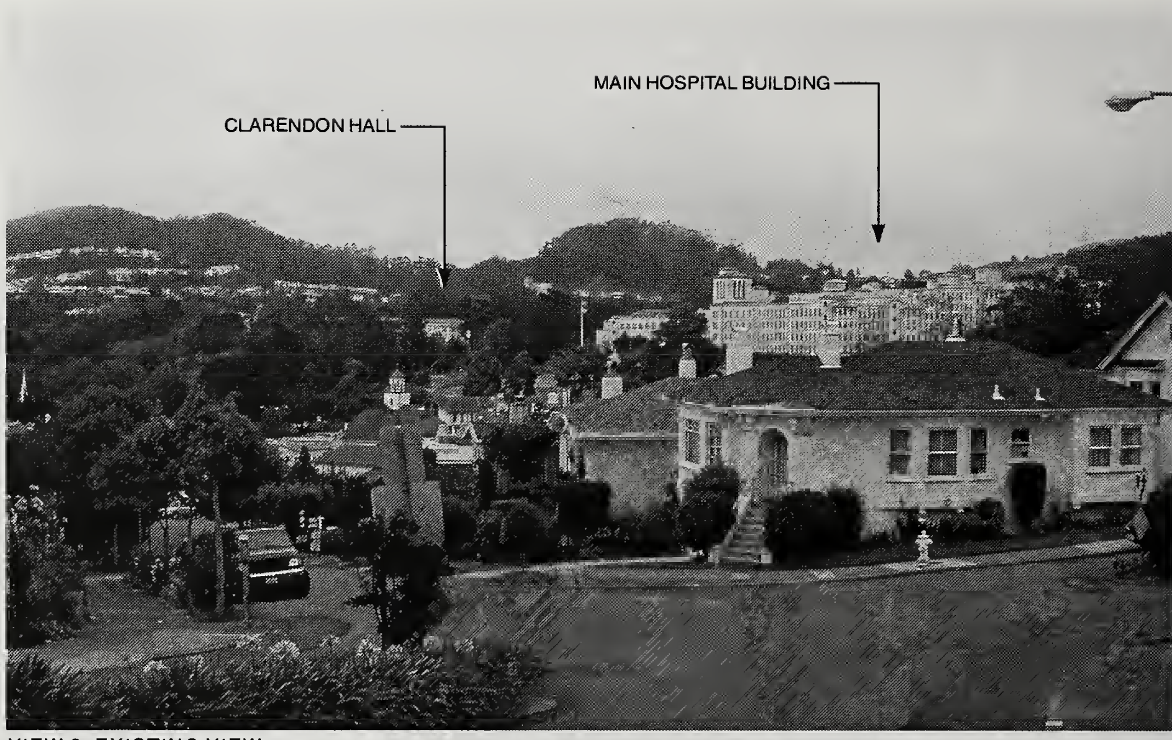
VIEW 1: EXISTING VIEW

VIEW 1: VIEW WITH PROJECT

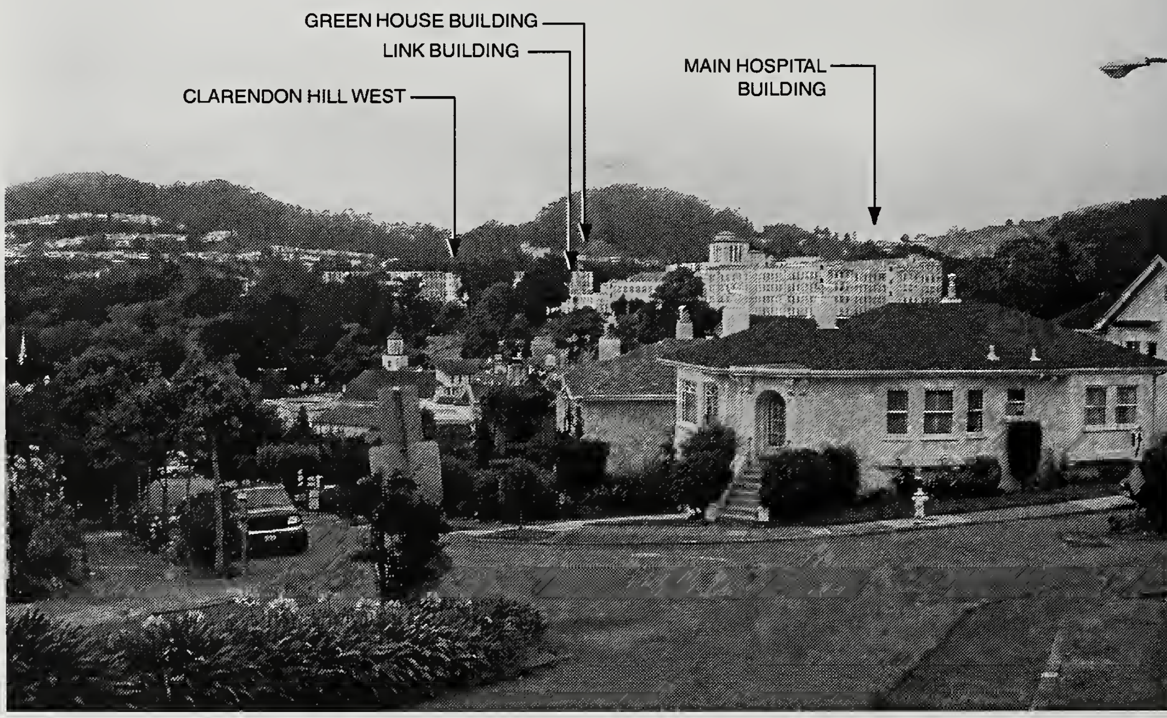
SOURCE: Merrill + Befu Associates

FIGURE 3.3-2

View 1: Looking East from Laguna Honda Boulevard



VIEW 2: EXISTING VIEW



VIEW 2: VIEW WITH PROJECT

SOURCE: Merrill + Befu Associates

FIGURE 3.3-3

View 2: Looking Northeast from Edgehill Way

VIEW 3: EXISTING VIEW

VIEW 3: VIEW WITH PROJECT

SOURCE: Merrill + Befu Associates

FIGURE 3.3-4

View 3: Looking Southwest from Twin Peaks Park

boundary. Clarendon Hall is slightly visible in the mid-ground of the view (toward the left-hand side of the photo). The residential neighborhood of Forest Knolls and the hillside dominate the background view. Sutro Tower, only partly visible in the top center of the photograph due to the fog, is a major part of the background view on clear days.

C2(c) Viewpoint 3: Twin Peaks Park

Twin Peaks Park is a publicly-accessible park located east of the project site. The existing view toward the project site from Twin Peaks Park is shown in **Figure 3.3-4, View 3: Looking Southwest from Twin Peaks Park**. The view direction is southwest and is representative of what an individual would see of the project site if hiking the trails in the western part of Twin Peaks Park. Although not visible in **Figure 3.3-4** due to the fog, this view provides a panoramic view of the City, including scenic vistas of Mount Sutro and the Pacific Ocean. This portion of the park is under the jurisdiction of the San Francisco Recreation and Park Department.[2] Features visible in the foreground of the view include a hillside within Twin Peaks Park and homes within the Midtown Terrace neighborhood. As shown, the upper portion of the Main Hospital Building and portions of Wings K, L, M, and O are seen above the stand of trees in the mid-ground of the view (on the left-hand side of the photograph). Other visible hospital features include the bridge building shown in the center and the existing Clarendon Hall near the right-hand side of the photograph. The remaining areas of the hospital are blocked by a dense stand of mature trees. The residential neighborhoods, Forest Hill and Forest Knolls (partially shown), are visible in the background of the view, along with a long-range view of the Pacific Ocean.

C3. Trees

As discussed earlier, numerous trees are present on the project site, including eucalyptus, black wattle, cypress, and Monterey pine, with a variety of understory shrubs and herbs. The trees vary in height, with many trees that are more than 30 feet tall. The trees are generally clustered along the northern and eastern borders and parts of the western border of the project site; a number of trees are also located in the site interior. The trees along the northern border provide a buffer for views of the project site from Clarendon Avenue and Olympia Way. Views from Dellbrook Avenue are generally blocked by the homes along the roadway, but the trees along the eastern project site boundary buffer views toward the project site from behind the homes. Along the western boundary of the project site, trees provide a buffer for views toward the project site from Laguna Honda Boulevard, in the area generally across from Magellan Avenue.

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2 Andy Stone, Associate Parks Administrator, San Francisco Recreation and Parks Department, personal communication on August 23, 2001.

C4. Light and Glare

The existing buildings on the project site are a source of light and glare, and the visitor and employee cars accessing the campus may also be a source of light and glare. Sources of light within the campus include lighting on the outsides of buildings, lighting within the buildings, and lighting in the parking lots.

Sensitive receptors near the project site that may be affected by light and glare include residential neighborhoods, churches, and the senior housing facility. As shown in **Figure 3.1-1, Existing Land Uses in Project Vicinity,** in **Section 3.1, Land Use and Planning,** residential neighborhoods are near the project site to the south, west, north, and northeast. In addition, two churches are southwest of the project site, one church is west of the site, and another church is north of the site. Also shown in **Figure 3.1-1** is the San Francisco Housing Authority (senior housing), adjoining the project site to the south.

D. PROJECT IMPACTS

D1. Significance Thresholds

Design and aesthetics are by definition subjective, open to interpretation by decision-makers and members of the public. A proposed project would therefore be considered to have a significant adverse effect on visual quality only if it would cause a substantial and demonstrable negative change, such as construction of an industrial facility in a pristine, natural area. As noted earlier, negative aesthetic effects and impacts related to landform modifications were determined to be less than significant in the Initial Study (**Appendix 1.0**), and are not discussed in this EIR section.

However, the Initial Study noted that the project could result in significant impacts related to the obstruction or alteration of scenic views, the removal of trees, and the introduction of light and glare. As evaluated in this EIR, the project would have a significant impact if it would (1) degrade or obstruct scenic views from public areas, or (2) create a new source of substantial light or glare that would adversely affect day or nighttime views in the area. The only public viewing area generally recognized as providing scenic views of the project site is Twin Peaks Park. Two other publicly-accessible viewing areas are presented in the analysis: Laguna Honda Boulevard and Edgehill Way. As noted earlier, these viewing areas provide representative views of the site from off-site locations. The Laguna Honda Boulevard and Edgehill Way viewing areas are included in the impact analysis for informational purposes only.

D2. Impacts of the Proposed Project

D2(a) Scenic View Obstruction or Impairment

The proposed project would result in the alteration of views by demolishing existing structures and introducing new hospital buildings to the Laguna Honda hospital site. Computer-generated visual simulations were prepared for the three views of the project site discussed in the Existing Conditions portion of this section, and are shown in the lower portions of **Figures 3.3-2** through **3.3-4**. To create these simulations, a digital model of the proposed project was first generated utilizing the proposed site plan and building elevations. This model was then superimposed on the existing photographs to create a simulated photo of how the view would appear with development of the proposed project. It should be noted that the visual simulations are only massing diagrams, intended to illustrate the height and bulk of the proposed buildings, and do not represent the actual design or architectural features of the proposed project. Tree removal resulting from the building development is reflected in the simulations (see **Subsection D3., Tree Removal**, below for more information on tree removal). However, because a specific landscaping plan has not been developed, the number and locations of new trees and shrubs are not known, and the simulations do not reflect potential landscaping of the project site.

Laguna Honda Boulevard

Figure 3.3-2 shows a simulated view of the project site after proposed development, as viewed from the sidewalk on the west side of Laguna Honda Boulevard, south of Clarendon Avenue. The top two stories of the proposed Clarendon Hill West Building would be visible from this viewpoint. As shown in the visual simulation, no other buildings or structures on the project site would be visible.

Given the limited visibility of the new Clarendon Hill West Building as shown in **Figure 3.3-2**, the proposed project would not substantially block or obstruct views from this location.

Edgehill Way

Figure 3.3-3 shows a simulated view of the project site after project implementation from the residential neighborhood, Forest Hill, located south of the hospital. From this viewpoint, portions of various hospital structures would be clearly seen. As shown in the simulation, the primary visible element would be the portion of the Main Hospital Building to be retained. Portions of the Clarendon Hill West and East buildings would also be visible from this viewpoint. Mature stands of trees on the western portion of the project site would partially obstruct the view of the Clarendon Hill West and East buildings. Views of the ridgeline directly behind the Main Hospital Building (the right-hand side of the photograph) would be more readily visible than the existing views due to the demolition of

the hospital wings; views of the ridgeline to the left in the photograph would not change. Given the above, the proposed hospital buildings would not substantially change the character of existing conditions with the surrounding uses. In addition, the proposed project would not substantially obstruct or block existing views of the hillside.

Twin Peaks Park

Figure 3.3-4 shows a simulated view of the project site after project implementation from the publicly-accessible Twin Peaks Park. From this viewpoint, the majority of the proposed Link Building would be visible, as would parts of the proposed Greenhouse Building and Clarendon Hill East and West buildings. Mature stands of existing trees along the eastern edge of the project site would help to block portions of the new hospital buildings. Although not included in the visual simulation, the proposed assisted living facility, as seen from this viewpoint, would be to the left of the Link Building and obscured from view by the existing trees.

The proposed project would not obstruct views of the Forest Knolls neighborhood hillside, nor would it obstruct views toward the Pacific Ocean. The project would be a relatively small component of the panoramic views available from Twin Peaks Park. However, the proposed project, specifically the new Link Building, would appear massive in character in comparison to the view of the surrounding area. The surrounding area is mainly residential neighborhoods with some small-scale commercial buildings. The new buildings are of a much greater scale and would appear prominent in relationship to the surrounding area as seen from this viewpoint.

Conclusion

The new buildings would be constructed in an area that is already developed, and the heights of the new buildings would be similar to those of the existing buildings. The roof levels of the proposed buildings would range in elevation from about 560 feet to about 605 feet above msl, while the roof levels of the existing hospital buildings range in elevation from 579 feet to 619 feet above msl.

In general, no buildings are proposed in the currently undeveloped areas of the project site. In addition, the project would not substantially alter or block scenic vistas from public viewpoints. The proposed structures would be partially visible from the residential neighborhood located south of the project site and from publicly-accessible areas, including Laguna Honda Boulevard and Twin Peaks Park. From Twin Peaks Park, the new hospital buildings, specifically the proposed Link Building, would appear prominent in the view of the surrounding area due to the large-scale nature of the building compared to the smaller-scale residential homes and commercial buildings in the area. Because the scale of the new Link Building would contrast with the generally smaller, finer scale character of the areas seen from this viewpoint, the proposed project would degrade or obstruct scenic views from a public area. This

would be considered a significant impact to visual quality. Mitigation measures are presented in **Section 4.0, Mitigation Measures**, that would reduce this impact to a less-than-significant level.

D3. Tree Removal

The proposed project would result in the removal of existing trees from the site. The trees would be removed mainly from within the site interior. Where feasible, trees would be preserved. Based on a review of the proposed site plan and a site visit, several trees would be removed in the areas between the wings of the existing Main Hospital Building to be demolished and within the central valley portion of the site, east and west of the existing bridge building. Trees would also be removed in the areas northwest and east of the existing Clarendon Hall for the development of the proposed interim/permanent parking lot and the new Clarendon Hill East Building, respectively.

The majority of the trees on the project site would be preserved, including the mature eucalyptus trees along the site borders and the native vegetation in the northern portion of the site. As mentioned above, the trees along the borders of the site are the most visible prominent trees on the site, and they provide visual buffers to surrounding neighborhoods. In addition, these trees obstruct views of the hospital from other areas in the project vicinity, including the Forest Hill neighborhood and Twin Peaks Park. The tree buffer would generally be preserved and thus tree removal as a result of the proposed project would not change the visual character of the surrounding areas. In addition, proposed tree removal would not substantially alter scenic vistas from public viewpoints. Therefore, visual impacts due to tree removal would be less than significant.

D4. Light and Glare

The proposed project would shift some light sources and may increase light in portions of the hospital campus, due to the new hospital buildings and new parking lot and the reconfiguration of the existing parking lots. These changes could affect daytime and nighttime views. New light sources would be introduced on the project site where the Clarendon West Parking Lot and the Clarendon Hill East and West buildings are proposed. In addition, the proposed Greenhouse Building would increase light sources in the central valley, east of the existing bridge structure. A shift in light sources would occur near the Main Hospital Building with the demolition of some of the hospital wings and the construction of the new assisted living facility and the reconfiguration of the Main East Parking Lot. The increase in day and nighttime lighting that would occur in the northern and east central parts of the site as a result of the proposed parking lot and new hospital buildings would not significantly affect sensitive receptors in the project vicinity, including the residential neighborhoods and churches. The project site is not clearly visible to these receptors due to the tree buffer located along the western, northern, and eastern boundary of the project site and due to the variation of topography of the area.

A shift in light sources would also occur near the Main Hospital Building with the construction of the new assisted living facility and the reconfiguration of the Main East Parking Lot. These changes would not represent a substantial new source of light given the developed nature of the area. In addition, although the Main East Parking Lot would be expanded to accommodate 103 additional parking slots, the expansion would occur in a northern direction and thus additional lighting would not be as prominent to the receptors located south of the site.

In addition, the proposed lighting fixtures would be designed to minimize glare and off-site impacts. Given this feature of the project and the above discussion, visual impacts associated with the introduction of and increase in light sources are considered less than significant.

A. SUMMARY

The proposed project would involve a multi-phase construction period that would last about eight years. This EIR analysis considered the effects of estimated construction noise levels during each phase on sensitive receptors near the project site as well as on-site hospital residents. Determinations were made on the basis of the City Noise Ordinance, the potential for speech interference, and generally accepted thresholds for interior noise levels at hospitals.

Construction noise levels associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact. Residents along Dellbrook Avenue would be the off-site sensitive receptors most affected by project construction noise. Although construction noise during all project phases would noticeably increase ambient noise levels at times at some Dellbrook residences, the impact would be less than significant because the noise would not interfere with speech. Residents of the senior housing just south of the project site would be subject to significant speech interference due to construction noise during Phase Three-B, when some of the existing Main Hospital Building wings would be demolished and during a later phase when an assisted living facility would be constructed. Some hospital residents could be significantly affected by noise at times during each phase of construction, because the estimated interior noise levels would be above 45 dBA. Therefore, the proposed project would result in a significant impact on hospital residents due to construction noise. The project sponsor has agreed to implement mitigation measures, as described in ***Section 4.0, Mitigation Measures****, that would reduce all construction noise impacts to a less-than-significant level except for construction noise impacts to hospital residents, which would remain significant and unavoidable.*

B. INTRODUCTION

The Initial Study for this project evaluated the potential direct noise impacts associated with construction and operation of the proposed facilities. In addition, the Initial Study assessed the indirect noise impacts of truck and vehicular traffic generated by construction and operation of the facilities. Noise compatibility of the proposed hospital use was also evaluated in the Initial Study. Potential direct and indirect noise increases associated with operation of the proposed facilities were determined to be less than significant. The Initial Study concluded that the EIR need not include any further discussion of project-related operational noise increases or project noise compatibility. The following discussion provides a more detailed assessment of potential direct and indirect noise impacts associated with project construction.

B1. Environmental Acoustics

Noise is defined as unwanted sound that disrupts normal activities or that diminishes the quality of the environment. It is usually caused by human activity that adds to the natural acoustic setting of a locale

Noise sources that contribute to *regional* ambient noise levels are typically transportation-related (mobile) sources, including vehicular traffic, trains, ship traffic, and aircraft overflights. In contrast, noise sources that contribute to *local* ambient noise levels are generally from point sources, including construction sites, industrial sites, or other places where heavy equipment or noise-generating machinery is used.

Sound is mechanical energy transmitted by pressure waves in a compressible medium such as air, whereas noise is unwanted sound. Sound is characterized by various parameters that describe the rate of oscillation of sound waves, the distance between successive troughs or crests, the speed of propagation, and the pressure level or energy content of a given sound. In particular, the sound pressure level has become the most common descriptor used to characterize the loudness of an ambient sound level. The unit of sound pressure ratioed to the faintest level detectable by a young person with good hearing is called a decibel. The decibel (dB) scale is used to quantify sound intensity. Because sound or noise can vary in intensity by over one million times within the range of human hearing, a logarithmic loudness scale is used to keep sound intensity numbers at a convenient and manageable level. Since the human ear is not equally sensitive to all sound frequencies within the entire spectrum, human response is factored into sound descriptions in a process called "A-weighting," written as dBA.

Environmental noise is measured in units of dBA. The dBA, or A-weighted decibel, refers to a scale of noise measurement that approximates the range of sensitivity of the human ear to sounds of different frequencies. On this scale, the normal range of human hearing extends from about 0 dBA to about 140 dBA. A 10-dBA increase in the level of a continuous noise represents a perceived doubling of loudness; a 5-dBA increase is a readily noticeable change, and a 3-dBA increase is barely noticeable to most people.

When assessing community reaction to noise, there is an obvious need for a scale that averages varying noise exposure over time and quantifies the result in terms of a single number descriptor. Two of these noise level scales are the Equivalent Noise Level (Leq) and the Community Noise Equivalent Level (CNEL). Leq is the average A-weighted sound level measured over a given time interval. Because community receptors are more sensitive to unwanted noise intrusion during the evening and at night, state law requires that for planning purposes, an artificial dB increment be added to quiet-time noise levels in a 24-hour noise descriptor (the CNEL). CNEL adds a 5-dBA penalty during the evening hours (7 PM to 10 PM) and a 10-dBA penalty during the nighttime hours (10 PM to 7 AM). Another 24-hour noise descriptor, called the day-night noise level (Ldn), is similar to CNEL. While both add a 10-dBA penalty to all nighttime noise events between 10 PM and 7 AM, Ldn does not add the evening 5-dBA penalty. In practice, Ldn and CNEL usually differ by less than 1 dBA at any given location for transportation and other semi-steady-state noise sources.

Human response to noise varies from individual to individual and depends on the ambient environment in which the noise is perceived. The same noise that would be highly intrusive to a sleeping person or someone in a quiet park might be barely perceptible at an athletic event or in the middle of the freeway at rush hour. Therefore, planning for an acceptable noise exposure must take into account the types of activities and corresponding noise sensitivity in a specified location for each particular set of land uses.

Some general guidelines are as follows: sleep disturbance may occur at less than 50 dBA, interference with human speech begins at around 60 dBA, and hearing damage may result from prolonged exposure to noise levels in excess of 90 dBA.

C. EXISTING CONDITIONS

C1. Existing Noise Environment

The existing ambient noise environment in the project vicinity is typical of many areas in San Francisco, dominated by vehicular traffic including cars, trucks, and MUNI buses. The Environmental Protection Element of the *San Francisco General Plan* indicates that streets in the project vicinity were subject to background noise levels of 70 to 75 dBA (Ldn) in 1974, as follows:

Street	Noise Level (Ldn)
Laguna Honda Boulevard	75 dBA
Woodside Avenue	75 dBA
Clarendon Avenue	70 dBA

The noise environment in the Laguna Honda hospital vicinity varies with proximity to these major roadways.

In order to characterize the current noise environment in the project vicinity, long-term (24-hour) noise measurements were taken at three locations on August 1, 2001. Measurement results are summarized below in **Table 3.4-1, Existing Noise Levels on Project Site**, and measurement locations are indicated on **Figure 3.4-1, Noise Measurement Locations**. Based on standard distance attenuation rates and measurement data, it is estimated that noise levels continue at approximately 75 dBA (Ldn or CNEL) adjacent to Woodside Avenue and 70 dBA (Ldn or CNEL) near Clarendon Avenue. Since the Main Hospital Building and Clarendon Hall are set back from these roadways, existing noise levels in the vicinity of those buildings are less, approximately 69 dBA (CNEL) and 56 dBA (CNEL), respectively. The hilly topography in the project vicinity causes noise levels to vary considerably, and noise levels can be substantially lower (59 dBA, CNEL) in areas sheltered from traffic noise, such as along Dellbrook Avenue, east of the site.

C2. Applicable Noise Regulations

Sections 2907 and 2908 of Article 29 of the *San Francisco Police Code* regulate construction equipment and construction work at night. Section 2907(b) states "it shall be unlawful for any person, including the City and County of San Francisco, to operate any powered construction equipment, regardless of age or date of acquisition, if the operation of such equipment emits noise at a level in excess of 80 dBA when measured at a distance of 100 feet from such equipment, or an equivalent sound level at some other

Table 3.4-1
Existing Noise Levels on Project Site

	Hourly Noise Measurement (Leq) in dBA					
	Location #1 (Near Dellbrook Avenue)		Location #2 (Near Clarendon Hall, 400 Feet South of Clarendon Avenue – Olympia Way)		Location #3 (Near Main Hospital and Sr. Housing on Woodside, 200 Feet North of Woodside Avenue)	
Recording Hour	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**
12:00-1:00	48.0	53.5	46.0	53.1	60.4	65.5
1:00-2:00	46.7	55.2	45.4	53.8	57.9	66.3
2:00-3:00	47.8	56.9	45.1	55.9	57.8	66.6
3:00-4:00	53.3	55.9	45.6	54.7	56.9	67.2
4:00-5:00	50.3	54.8	45.5	52.0	57.8	67.2
5:00-6:00	49.1	55.1	46.0	53.3	60.2	67.2
6:00-7:00	50.6	54.7	48.3	51.8	63.9	67.0
7:00-8:00	53.7	56.8	50.9	53.0	66.2	66.3
8:00-9:00	52.2	56.4	52.0	51.2	66.3	65.0
9:00-10:00	51.9	52.8	51.8	49.5	66.0	63.7
10:00-11:00	52.7	52.4	51.4	49.0	66.4	63.8
11:00-12:00	51.6	53.0	51.2	47.8	65.5	62.1
CNEL	**58.6**		**55.2**		**69.1**	

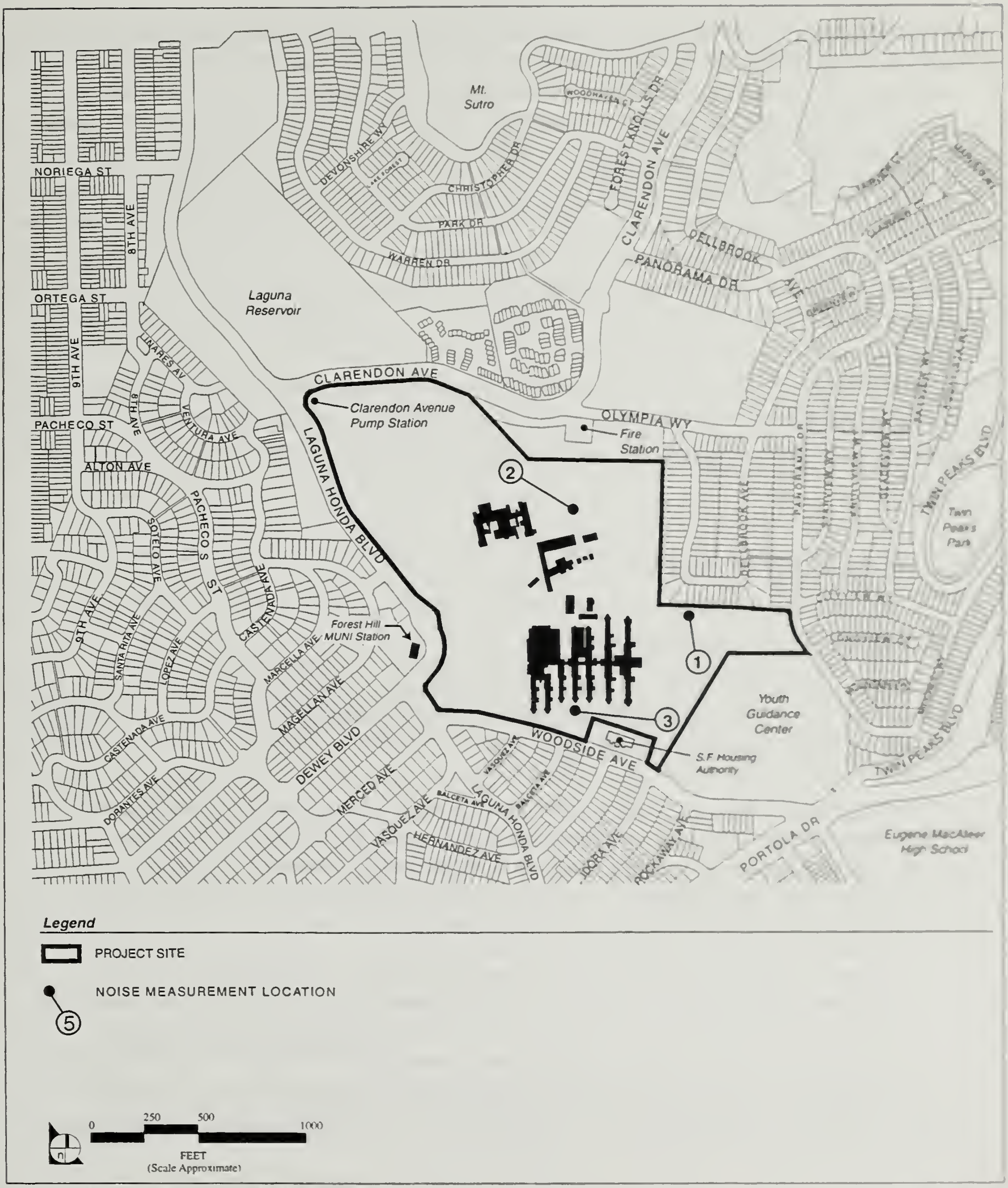
Notes: Measurements were taken from midnight on August 1, 2001 to midnight on August 2, 2001. Noise measurements were taken using Metrosonics db-308 noise meters. Measurement locations are indicated in **Figure 3.4-1**.
Source: Orion Environmental Associates (2001)

convenient distance." Exemptions to this requirement include impact tools and equipment, pavement breakers, and jackhammers. The Ordinance does require that such equipment be equipped with intake/exhaust mufflers and/or acoustically attenuating shields/shrouds recommended by the manufacturers and approved by the Director of Public Works to best accomplish maximum noise attenuation.

In addition to the 80-dBA noise limit, Section 2908 prohibits any person, between the hours of 8:00 PM of any day and 7:00 AM of the following day, to erect, construct, demolish, excavate for, alter, or repair any building or structure if the noise level created is in excess of the ambient noise level by 5 dBA at the nearest property line unless a special permit therefore has been applied for and granted by the Director of Public Works.

C3. Sensitive Receptors

Human response to noise varies considerably from one individual to another. Effects of noise at various levels can include interference with sleep, concentration, and communication; physiological and psychological stress; and hearing loss. Given these effects, some land uses are considered more sensitive to ambient noise levels than others. In general, residences, schools, hospitals, and nursing homes are considered to be the most sensitive to noise.



SOURCE: Orion Environmental, City and County of San Francisco

FIGURE 3.4-1

Noise Measurement Locations

Existing sensitive receptors located on the project site include the existing Laguna Honda hospital facilities, primarily the Main Hospital Building (Wings D, E, F, G, K, L, M and O) and Clarendon Hall. Patient rooms are located in these buildings and they are considered to be more noise-sensitive than other hospital buildings, which are used for administrative offices, laundry, maintenance, etc. Existing sensitive receptors adjacent to the project site include residential uses abutting the northern and eastern project boundaries on Clarendon Avenue-Olympia Way and Dellbrook Avenue, respectively. Residences on Olympia Way are located as close as 375 feet from Clarendon Hall, and residences on Dellbrook Avenue are located as close as 250 feet from the Main Hospital Building and Main East Parking Lot. A senior living facility abuts the southern project boundary; this multi-story building is located on the north side of Woodside Avenue, approximately 120 feet south of the Main Hospital Building. Residential uses are also located to the south and west, across Woodside Avenue, Laguna Honda Boulevard, and Dewey Boulevard. The locations of these off-site sensitive receptors are indicated in **Figure 3.1-1, Existing Land Uses in Project Vicinity**, in **Section 3.1, Land Use and Planning**. The Youth Guidance Center juvenile detention facility, located immediately east of the site, is not considered by the City to be a noise-sensitive receptor.[1]

D. PROJECT IMPACTS

D1. Significance Thresholds

The City has not adopted significance thresholds for noise impacts, but the significance of construction-related noise impacts has been determined by comparing construction-related noise levels with the following applicable noise standards and guidelines.

> City Noise Ordinance. Noise generated by construction equipment (other than impact tools) is regulated by the *San Francisco Noise Ordinance* (Article 29 of the *San Francisco Police Code*) and ordinance limits are used to determine the significance of project-related construction noise increases. During the daytime hours (7:00 AM to 8:00 PM), the maximum noise level permissible during construction in the City is 80 dBA, when measured at 100 feet from the noise-generating equipment. Although the standard is defined in terms of a noise limit at 100 feet, this standard can be adjusted for shorter distances such as 50 feet. It should be noted that noise attenuation rates at distances of less than 50 feet can vary due to localized effects such as noise reflection off buildings or topography as well as noise shielding from topography or buildings. The standard attenuation rate for noise levels from a point source is 6 dBA per doubling of distance. When this rate is applied to the City noise limit, the equivalent City noise limit for construction equipment at 50 feet is 86 dBA.

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1 Personal communication. Ms. Audrey Darnell, Impact Sciences, with Ms. Lisa Gibson, Senior Planner, Major Environmental Analysis, City and County of San Francisco Planning Department. August 2001.

Speech Interference Criterion. Noise peaks generated by construction equipment result in temporary disturbance (e.g., speech interference) to persons in adjacent buildings if the noise levels in the interiors of the buildings exceed 45 to 60 dBA.[2] A typical building can reduce noise levels by 20 to 25 dBA with the windows closed, although the actual noise attenuation may vary depending on building construction and design. This noise reduction could be maintained only on a temporary basis in some cases since it assumes windows must remain closed at all times. Assuming a 20 dBA reduction with the windows closed, an exterior noise level of 80 dBA at receptors would maintain a marginally acceptable interior noise environment for normal conversation. It should be noted that such noise levels would be sporadic rather than continuous in nature because different types of construction equipment would be used throughout the construction process. Also, use of any given noise-generating equipment would be intermittent.

Hospital Noise Criterion. Although the Office of Statewide Health Planning and Development (OSHPD, the state agency that oversees hospital construction) does not have any regulations or standards governing construction noise, the Environmental Protection Agency and the International Noise Council have recommended that average noise levels (not necessarily related to construction) in hospitals not exceed 45 dBA during the daytime. Since this is an interior standard, the impact analysis converts this to an exterior standard by assuming that the exterior walls of a building would reduce noise levels by 20 to 25 dBA, with the lower attenuation of 20 dBA occurring in buildings of older construction and a higher attenuation of 25 dBA with new construction. Therefore, the exterior noise criterion applied in this analysis to hospital receptors is 65 dBA (Leq) in existing hospital buildings and 70 dBA (Leq) in proposed hospital buildings.

Although not applied as a significance criterion, an increase in ambient noise levels of 5 dBA or more is identified in the impact analysis, as applicable, to indicate the degree of impact associated with projected construction-related noise increases. A 3-dBA noise increase is barely perceptible to most people, and a 5-dBA noise increase is noticeable. Although a 5-dBA noise increase would be noticeable and considered significant when this increase is caused by more continuous types of noise such as traffic noise, it would not necessarily be significant when applied to construction noise because construction noise is sporadic and can be highly variable on a daily basis, changing with the type of construction activity on any given day.

D2. Impacts of the Proposed Project

D2(a) On-site Construction Noise

Development of the proposed project would result in short-term noise increases due to construction. During project construction, temporary noise increases would result from the operation of heavy

2 In indoor noise environments, the highest noise level that permits relaxed conversation with 100 percent intelligibility throughout the room is 45 dBA. Speech interference is considered to become intolerable when normal conversation is precluded at three feet (talker-listener separation) which occurs when background noise levels exceed 60 dBA. In outdoor environments, the highest noise level that permits normal conversation at three feet with 95 percent sentence intelligibility is 66 dBA (U.S. Environmental Protection Agency, 1974).

equipment. Construction noise levels would fluctuate depending on the construction phase, equipment type and duration of use, distance between noise source and receptor, and presence or absence of barriers between noise source and receptor. To estimate probable noise impacts, typical equipment and construction techniques are assumed.

Construction noise sources range from about 76 to 85 dBA (Leq) at 50 feet for most types of construction equipment, with moderately higher levels of about 86 to 91 dBA for certain types of earthmoving equipment (e.g., trucks and pavers) and impact equipment (e.g., jack hammers and pneumatic tools). Although the highest construction-related noise levels are typically generated by rock drills and pile drivers (which can generate noise peaks of approximately 98 and 101 dBA at 50 feet, respectively), such equipment would not be used for this project. The rate of attenuation is about 6 dBA for every doubling of distance from a point source. Typical noise levels at 50 feet from the noise source for the types of construction equipment that could be used for this project and potential noise attenuation with feasible noise controls are shown in **Table 3.4-2, Noise Levels and Abatement Potential of Construction Equipment Noise at 50 and 100 Feet (in dBA).**

Table 3.4-2
Noise Levels and Abatement Potential of Construction Equipment Noise at 50 and 100 Feet (in dBA)

	Noise Level at 50 Feet		Noise Level at 100 Feet	
Equipment	**Without Controls**	**With Controls[1]**	**Without Controls**	**With Controls[1]**
Earthmoving				
Front Loaders	79	75	73	69
Backhoes	85	75	79	69
Dozers	80	75	74	69
Tractors	80	75	74	69
Graders	85	75	79	69
Pavers	89	80	83	74
Trucks	91	75	85	69
Materials Handling				
Concrete Mixer	85	75	79	69
Concrete Pump	82	75	76	69
Crane	83	75	77	69
Concrete Crusher	85	75	79	69
Stationary				
Pumps	76	75	70	69
Generator	78	75	72	69
Compressors	81	75	75	69
Impact				
Jack Hammers	88	75	82	69
Pneumatic Tools	86	80	80	74
Other				
Saws	78	75	72	69
Vibrators	76	75	70	69

[1] Noise levels that can be achieved with implementation of feasible noise controls. Feasible noise controls include selecting quieter procedures or machines and implementing noise-control features requiring no major redesign or extreme cost (e.g., improved mufflers, equipment redesign, use of silencers, shields, shrouds, ducts, and engine enclosures).

Source: U.S. Environmental Protection Agency (1971).

As indicated in this table, typical construction noise levels (without use of feasible noise controls) would generally comply with the City's Noise Ordinance 80-dBA noise limit (at 100 feet). However, there are some types of equipment that would exceed this limit if they were to be used at the project site (e.g., trucks, pavers, pile drivers, rock drills, and jackhammers). Pile drivers, rock drills, and jackhammers are exempt from this 80-dBA limit; pile drivers and rock drills are not proposed to be used at the project site. Other types of equipment would exceed this limit (e.g., trucks, pavers, and jackhammers), which would be considered a significant impact. Implementation of feasible noise controls, as recommended in **Section 4.0, Mitigation Measures**, would adequately reduce noise levels associated with construction equipment to below the City's Noise Ordinance 80-dBA limit, thus reducing this impact to a less-than-significant level.

In order to evaluate the project's impact relative to the speech interference criterion, maximum construction noise levels were estimated by equipment type and by phase for the closest sensitive receptors (**Tables 3.4-3 through 3.4-8**). Noise impacts on hospital residents also were evaluated with respect to the 45-dBA interior hospital criterion (**Table 3.4-8**). Receptors were separated by location: residents on Dellbrook Avenue, residents on Clarendon Avenue and Olympia Way, residents on the south side of Woodside Avenue, residents of the senior living facility on the north side of Woodside Avenue, residents across Laguna Honda and Dewey Boulevards, and hospital residents. Noise levels would vary at each receptor under each phase of construction with the highest noise levels occurring at the closest receptors and lower noise levels occurring at the more distant receptors. The following discussion evaluates the impacts of these estimated noise levels by construction phase and receptor.

It should be noted that this analysis is conservative, in that for the most part it does not specifically take into account the sporadic and intermittent timing of the construction activities. Some of the noisier construction activities, such as grading and excavation, would only occur for approximately three weeks per building site. Erecting and bolting the structural steel would take, on average, approximately one month per building site. Therefore, this noise analysis provides a conservative assessment of what the construction noise impacts would be on the surrounding receptors.

Phase One Construction

This phase of construction would primarily involve the construction of proposed utilities (temporary and permanent) needed for proposed construction and future operations as well as demolition of various buildings (bridge structure, laundry facility, greenhouse, garage, shop building, and boiler and power plant) in Clarendon Valley, located in the central portion of the site.

Table 3.4-3
Maximum Construction Noise Levels at Closest Residential Receptors on Dellbrook Avenue

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?
Residents on Dellbrook (Closest Residential Receptors at 350 Feet to the East)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	350	-17	68	54	Yes	80	No
			85	80 (4)	-4	81	54	Yes	80	Yes
		Trucks	91	350	-17	74	54	Yes	80	No
		Materials Handling	85	540	-21	64	54	Yes	80	No
		Stationary Equipment	81	350	-17	64	54	Yes	80	No
		Impact Equipment	88	350	-17	71	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 300 Feet to the East)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	300	-16	69	54	Yes	80	No
		Trucks	91	250	-14	77	54	Yes	80	No
		Materials Handling	85	300	-16	69	54	Yes	80	No
		Stationary Equipment	81	300	-16	65	54	Yes	80	No
		Impact Equipment	88	300	-16	72	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 750 Feet to the East)	*Phase Three-A (E-F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	750	-24	61	54	Yes	80	No
		Trucks	91	750	-24	67	54	Yes	80	No
		Materials Handling	85	750	-24	61	54	Yes	80	No
		Stationary Equipment	81	750	-24	57	54	Yes	80	No
		Impact Equipment	88	750	-24	64	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 250 Feet to the East)	*Phase Three-B (G-H)* Demolish Existing Hospital Wings, Construct Parking Lots *Later Phase* Construct Assisted Living Facility	Earthmoving Equipment	85	475	-20	65	54	Yes	80	No
		Pavers	89	475	-20	69	54	Yes	80	No
		Trucks	91	475	-20	71	54	Yes	80	No
		Materials Handling	85	475	-20	65	54	Yes	80	No
		Stationary Equipment	81	475	-20	61	54	Yes	80	No
		Impact Equipment	88	475	-20	68	54	Yes	80	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.
(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.
(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.
(4) This distance is specifically listed to differentiate noise impacts from construction of the interim electrical facility, new fueling station, and new satellite dish, which would be located closer to this recptor than other facilities inder Phase 1.

Table 3.4-4
Maximum Construction Noise Levels at Closest Residential Receptors on Clarendon Avenue/Olympia Way

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?
Residents on Clarendon/ Olympia (Closest Residential Receptors at 480 Feet to the North)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	480	-20	-6	59	67	No	80	No
		Trucks	91	480	-20	-6	65	67	No	80	No
		Materials Handling	85	600	-22	-6	57	67	No	80	No
		Stationary Equipment	81	480	-20	-6	55	67	No	80	No
		Impact Equipment	88	480	-20	-6	62	67	No	80	No
Residents on Clarendon/ Olympia (Closest Residential Receptors at 240 Feet to the North)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	240	-14	0	71	67	Yes	80	No
		Trucks	91	200	-12	0	79	67	Yes	80	No
		Materials Handling	85	240	-14	0	71	67	Yes	80	No
		Stationary Equipment	81	240	-14	0	67	67	No	80	No
		Impact Equipment	86	240	-14	0	72	67	Yes	80	No
Residents on Clarendon/ Olympia (Closest Residential Receptors at 400 Feet to the North)	*Phase Three-A (E F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	400	-18	0	67	67	No	80	No
		Trucks	91	400	-18	0	73	67	Yes	80	No
		Materials Handling	85	550	-21	0	64	67	No	80	No
		Stationary Equipment	81	400	-18	0	63	67	No	80	No
		Impact Equipment	86	400	-18	0	68	67	No	80	No
Residents on Clarendon/ Olympia (Closest Residential Receptors at 1000 Feet to the North)	*Phase Three B (G, H)* Demolish Existing Hospital Wings, Construct Parking Lots *Later Phase* Construct Assisted Living Facility	Earthmoving Equipment	85	1000	-26	-6	53	67	No	80	No
		Pavers	89	1000	-26	-6	57	67	No	80	No
		Trucks	91	1000	-26	-6	59	67	No	80	No
		Materials Handling	85	1000	-26	-6	53	67	No	80	No
		Stationary Equipment	81	1000	-26	-6	49	67	No	80	No
		Impact Equipment	86	1000	-26	-6	54	67	No	80	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet
(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase
(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study

Table 3.4-5
Maximum Construction Noise Levels at Closest Residential Receptors Across Woodside Avenue (South Side)

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?
Residents Across Woodside (Closest Residential Receptors at. 770 Feet to the South)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	770	-24	-6	55	73	No	80	No
		Trucks	91	770	-24	-6	61	73	No	80	No
		Materials Handling	85	770	-24	-6	55	73	No	80	No
		Stationary Equipment	81	770	-24	-6	51	73	No	80	No
		Impact Equipment	88	770	-24	-6	58	73	No	80	No
Residents Across Woodside (Closest Residential Receptors at 640 Feet to the South)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	640	-22	-6	57	73	No	80	No
		Trucks	91	640	-22	-6	63	73	No	80	No
		Materials Handling	85	640	-22	-6	57	73	No	80	No
		Stationary Equipment	81	640	-22	-6	53	73	No	80	No
		Impact Equipment	88	640	-22	-6	60	73	No	80	No
Residents Across Woodside (Closest Residential Receptors at 1020 Feet to the South)	*Phase Three-A (E-F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	1020	-26	-6	53	73	No	80	No
		Trucks	91	1020	-26	-6	59	73	No	80	No
		Materials Handling	85	1020	-26	-6	53	73	No	80	No
		Stationary Equipment	81	1020	-26	-6	49	73	No	80	No
		Impact Equipment	88	1020	-26	-6	56	73	No	80	No
Residents Across Woodside (Closest Residential Receptors at 280 Feet to the South)	*Phase Three-B (G-H)* Demolish Existing Hospital Wings, Construct Parking Lots	Earthmoving Equipment	85	280	-15	0	70	73	No	80	No
		Pavers	89	280	-15	0	74	73	No	80	No
		Trucks	91	280	-15	0	76	73	No	80	No
		Materials Handling	85	280	-15	0	70	73	No	80	No
	Later Phase Construct Assisted Living Facility	Stationary Equipment	81	280	-15	0	66	73	No	80	No
		Impact Equipment	88	280	-15	0	73	73	No	80	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.
(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.
(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

Table 3.4-6
Maximum Construction Noise Levels at Closest Residential Receptors at Senior Living Facility North of Woodside Avenue

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance In Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 600 Feet to the South)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	600	-22	-6	57	67	No	80	No
		Trucks	91	600	-22	-6	63	67	No	80	No
		Materials Handling	85	600	-22	-6	57	67	No	80	No
		Stationary Equipment	81	600	-22	-6	53	67	No	80	No
		Impact Equipment	88	600	-22	-6	60	67	No	80	No
Residents in Sr Housing North of Woodside (Closest Residential Receptors at 540 Feet to the South)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	540	-21	-6	58	67	No	80	No
		Trucks	91	540	-21	-6	64	67	No	80	No
		Materials Handling	85	540	-21	-6	58	67	No	80	No
		Stationary Equipment	81	540	-21	-6	54	67	No	80	No
		Impact Equipment	88	540	-21	-6	61	67	No	80	No
Residents in Sr Housing North of Woodside (Closest Residential Receptors at 1120 Feet to the South)	*Phase Three-A (E-F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	1120	-27	-6	52	67	No	80	No
		Trucks	91	1120	-27	-6	58	67	No	80	No
		Materials Handling	85	1120	-27	-6	52	67	No	80	No
		Stationary Equipment	81	1120	-27	-6	48	67	No	80	No
		Impact Equipment	88	1120	-27	-6	55	67	No	80	No
Residents in Sr Housing North of Woodside (Closest Residential Receptors at 600 Feet to the South)	*Phase Three-B (G-H)* Demolish Existing Hospital Wings, Construct Parking Lots *Later Phase* Construct Assisted Living Facility	Earthmoving Equipment	85	110	-7	0	78	67	Yes	80	No
		Pavers	89	110	-7	0	82	67	Yes	80	Yes
		Trucks	91	110	-7	0	84	67	Yes	80	Yes
		Materials Handling	85	240	-14	0	71	67	Yes	80	No
		Stationary Equipment	81	110	-7	0	74	67	Yes	80	No
		Impact Equipment	88	110	-7	0	81	67	Yes	80	Yes

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet
(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase
(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study

Table 3.4-7
Maximum Construction Noise Levels at Closest Residential Receptors Across Laguna Honda/Dewey Boulevards

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 825 Feet to the West)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	825	-24	0	61	73	No	80	No
		Trucks	91	825	-24	0	67	73	No	80	No
		Materials Handling	85	825	-24	0	61	73	No	80	No
		Stationary Equipment	81	825	-24	0	57	73	No	80	No
		Impact Equipment	88	825	-24	0	64	73	No	80	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 700 Feet to the West)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	700	-23	0	62	73	No	80	No
		Trucks	91	700	-23	0	68	73	No	80	No
		Materials Handling	85	700	-23	0	62	73	No	80	No
		Stationary Equipment	81	700	-23	0	58	73	No	80	No
		Impact Equipment	88	700	-23	0	65	73	No	80	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 550 Feet to the West)	*Phase Three-A (E-F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	550	-21	0	64	73	No	80	No
		Trucks	91	550	-21	0	70	73	No	80	No
		Materials Handling	85	550	-21	0	64	73	No	80	No
		Stationary Equipment	81	550	-21	0	60	73	No	80	No
		Impact Equipment	88	550	-21	0	67	73	No	80	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 950 Feet to the West)	*Phase Three-B (G-H)* Demolish Existing Hospital Wings, Construct Parking Lots *Later Phase* Construct Assisted Living Facility	Earthmoving Equipment	85	950	-26	-6	53	73	No	80	No
		Pavers	89	950	-26	-6	57	73	No	80	No
		Trucks	91	950	-26	-6	59	73	No	80	No
		Materials Handling	85	950	-26	-6	53	73	No	80	No
		Stationary Equipment	81	950	-26	-6	49	73	No	80	No
		Impact Equipment	88	950	-26	-6	56	73	No	80	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.
(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.
(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

Table 3.4-8
Maximum Construction Noise Levels at Closest Hospital Resident Receptors

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Interior 45-dBA Hospital Criterion (4)	Exceeds 45-dBA Hospital Criterion?
Hospital Patients in Main Hospital Buildings (Closest Rooms at 60 Feet to the South)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	60	-2	83	54	Yes	80	Yes	65	Yes
		Trucks	91	60	-2	89	54	Yes	80	Yes	65	Yes
		Materials Handling	85	60	-2	83	54	Yes	80	Yes	65	Yes
		Stationary Equipment	81	60	-2	79	54	Yes	80	No	65	Yes
		Impact Equipment	88	60	-2	86	54	Yes	80	Yes	65	Yes
Hospital Patients in Main Hospital & Clarendon Hall Buildings (Closest Rooms at 60 Feet to the South & West)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	60	-2	83	54	Yes	80	Yes	65	Yes
		Trucks	91	60	-2	89	54	Yes	80	Yes	65	Yes
		Materials Handling	85	60	-2	83	54	Yes	80	Yes	65	Yes
		Stationary Equipment	81	60	-2	79	54	Yes	80	No	65	Yes
		Impact Equipment	88	60	-2	86	54	Yes	80	Yes	65	Yes
Hospital Patients in Clarendon Hill East Building (Closest Rooms at 60 Feet to the East)	*Phase Three A (E-F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	135	-9	76	54	Yes	80	No	70	Yes
		Trucks	91	135	-9	82	54	Yes	80	Yes	70	Yes
		Materials Handling	85	135	-9	76	54	Yes	80	No	70	Yes
		Stationary Equipment	81	135	-9	72	54	Yes	80	No	70	Yes
		Impact Equipment	88	135	-9	79	54	Yes	80	No	70	Yes
Hospital Patients in Greenhouse Building (Closest Rooms at 60 Feet to the North)	*Phase Three B (G-H)* Demolish Existing Hospital Wings, Construct Parking Lots *Later Phase* Construct Assisted Living Facility	Earthmoving Equipment	85	300	-16	69	54	Yes	80	No	70	No
		Pavers	89	300	-16	73	54	Yes	80	No	70	Yes
		Trucks	91	300	-16	75	54	Yes	80	No	70	Yes
		Materials Handling	85	300	-16	69	54	Yes	80	No	70	No
		Stationary Equipment	81	300	16	65	54	Yes	80	No	70	No
		Impact Equipment	88	300	-16	72	54	Yes	80	No	70	Yes

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.
(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.
(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.
(4) The 45 dBA interior standard for hospitals is converted to an exterior standard of 65 dBA (daytime Leq) by adding 20 dBA to account for attenuation provided by closed windows. However, a 25 dBA reduction is assumed for closed windows in the new hospital buildings since newer window construction provides more attenuation.

Construction of Various Utilities. Utility improvements would range from new boiler plants to a new underground fuel storage tank and fuel station. These facilities would be located throughout the site with the construction of each facility affecting different receptors. Utility construction would occur over a one-year period, but the length of construction would be shorter at each facility location. Residents on Dellbrook Avenue would be most affected by utility construction. An interim electrical facility, new fueling station, and new satellite dish complex are proposed to be constructed approximately 80 to 100 feet from these residents. Construction of these facilities would occur over a ten-month period and construction of each facility would affect different receptors along Dellbrook. Earthmoving activities associated with site preparation at each of these facilities would generate the highest noise levels (81 dBA, see **Table 3.4-3**), which would be noticeable since they would periodically increase ambient noise levels by more than 5 dBA and would exceed the 80-dBA speech interference criterion. Site preparation for these facilities would be completed in three or four intermittent two-day periods over the ten-month period. Construction of each facility would only affect any one receptor along Dellbrook Avenue for no more than approximately two to four days and projected maximum noise levels would exceed the speech interference criterion by one dBA (an imperceptible difference). Although these noise increases would exceed the 80-dBA speech interference criterion by 1 dBA, they would be short-term, intermittent and would not cause any lasting annoyance or health impacts. Therefore, impacts associated with construction of the electrical facility, fueling station, and satellite dish complex would be considered less than significant.

A new boiler plant would be constructed immediately adjacent to the Main Hospital Building administrative offices, and a new boiler plant and interim electrical facilities would be located within or adjacent to Clarendon Hall. Construction-related noise would affect hospital residents and employees due to their proximity to the proposed facilities. Since construction equipment would likely be operated closer than 60 feet to hospital facilities, construction-related noise levels would exceed the 45-dBA interior hospital criterion (as indicated in **Table 3.4-8** for all hospital receptors located 60 feet from the equipment sources). This would be considered a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact, but it would still remain significant and unavoidable.

Demolition of Central Campus Buildings (Laundry Facility and Garage, Boiler and Power Plant, Bridge Structure, Greenhouse, and Shop Building). Existing buildings to be demolished are located in the Clarendon Valley, which is a low-lying valley in the central portion of the site where the hillsides would reduce noise levels to the north and south of the site. Since existing hills and buildings would reduce noise levels to the north and south, demolition-related noise would primarily affect residents to the east on Dellbrook Avenue. Residents on Dellbrook Avenue abutting the eastern project boundary are located up to 20 feet higher or lower than these buildings in elevation and there are no topographic barriers or buildings that would help reduce construction-related noise levels. These residents would be subject to demolition-related noise for up to six months. Noise levels would be slightly lower than those associated with utility construction since they would occur at greater distances from receptors. The most

noticeable sources of noise would likely be concrete crushing (materials handling) and earthmoving/site preparation activities. Construction-related noise levels of 64 to 71 dBA (Leq) would result in noticeable noise increases (increasing the ambient noise levels at times by 5 dBA or more) in the Dellbrook Avenue vicinity (**Table 3.4-3**). However, construction-related noise impacts on Dellbrook Avenue residents would be less than significant since estimated noise levels would not exceed the 80-dBA speech interference criterion.

Tables 3.4-4 through **3.4-7** indicate that the closest sensitive receptors located on Clarendon Avenue, Olympia Way, Laguna Honda Boulevard, Dewey Boulevard, and Woodside Avenue would not be significantly affected by demolition-related noise during Phase One. Demolition-related noise at these receptors of 51 to 69 dBA (Leq) would not cause noticeable increases in ambient noise levels of 5 dBA or more, nor would projected construction noise levels exceed the speech interference criterion.

Table 3.4-8 indicates that hospital residents, primarily in the Main Hospital Building, would be significantly affected by intermittent construction-related noise, primarily because of their proximity to construction activities. With some hospital rooms located as close as 60 feet from construction activities, maximum noise levels are estimated to reach 79 to 89 dBA (Leq) during some days of project construction, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more) and would exceed the 80-dBA exterior speech interference criterion and 45-dBA interior hospital criterion. This would be considered a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact, but it would still remain significant and unavoidable. In addition to speech interference, some residents, particularly those with certain types of dementia, could be disturbed by the sporadic nature of construction noise. There is no predictable response by dementia or Alzheimer's residents to elevated single noise events such as construction equipment. Some residents are oblivious to loud auditory stimuli, while others are more readily frightened. Some residents react very much the same as they did before the onset of the disease.

Phase Two Construction

Phase Two of project construction would primarily involve the construction of three new buildings: (1) the Greenhouse Building, located just north of the Main Hospital Building; (2) Clarendon Hill East, located just east of the existing Clarendon Hall; and (3) the Link Building, proposed to span across the area between Clarendon Hall and the Main Hospital Building. This phase of construction would occur over 30 months, with the noisiest phases (initial phases of site preparation, concrete placement, and building exterior construction) occurring over approximately 9 to 12 months. Once the buildings are enclosed, construction noise levels would be lower and would be associated primarily with exterior finishing and truck equipment/materials deliveries.

Similar to Phase One, maximum construction-related noise levels associated with Phase Two are estimated to reach 65 to 77 dBA (Leq) in the Dellbrook Avenue vicinity, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more) (**Table 3.4-3**). However, construction-related

noise impacts on Dellbrook Avenue residents would be less than significant since estimated noise levels would approach but not exceed the 80-dBA speech interference criterion.

Tables 3.4-4 through **3.4-7** indicate that the closest sensitive receptors located on Clarendon Avenue, Olympia Way, Laguna Honda Boulevard, Dewey Boulevard, and Woodside Avenue would be subject to noise levels of 53 to 79 dBA (Leq). Estimated increases would result in noticeable noise increases (increasing ambient noise levels at times by 5 dBA or more) at residential receptors located immediately north of the site on Clarendon Avenue and Olympia Way. Noise increases at other receptors would increase ambient noise levels by less than 5 dBA. Noise levels at all of these receptors would not exceed the speech interference criterion.

Table 3.4-8 indicates that hospital residents in both the Main Hospital Building and Clarendon Hall could be significantly affected by construction-related noise, primarily because of their proximity to construction activities. With some hospital rooms located as close as 60 feet from construction activities, maximum noise levels are estimated to reach 79 to 89 dBA (Leq) during some days of project construction, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more) and would exceed the 80-dBA exterior speech interference criterion and 45-dBA interior hospital criterion. This would be considered a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact, but it would still remain significant and unavoidable.

Phase Three-A Construction

This phase of construction would primarily involve demolition of Clarendon Hall and construction of a new building, Clarendon Hill West, in its place. Demolition would be completed in three months, and construction of Clarendon Hill West would occur over 27 months. Since construction would occur primarily in the northern portion of the site, maximum construction-related noise levels associated with Phase Three-A would be lower in the Dellbrook Avenue vicinity than during Phases One and Two. Construction noise under this phase would be associated with the demolition of Clarendon Hall and the construction of the Clarendon Hill West building. Maximum construction noise levels are estimated to reach 57 to 67 dBA (Leq) in the Dellbrook Avenue vicinity, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more), but would not exceed the 80-dBA speech interference criterion (**Table 3.4-3**).

Tables 3.4-4 through **3.4-7** indicate that the closest sensitive receptors located on Clarendon Avenue, Olympia Way, Laguna Honda Boulevard, Dewey Boulevard, and Woodside Avenue would be subject to noise levels of 48 to 73 dBA (Leq). Similar to Phase Two, Phase Three-A demolition and construction activities could be noticeable (increasing ambient noise levels at times by 5 dBA or more when trucks are operated) at residences along Clarendon Avenue and Olympia Way, but would not exceed the 80-dBA speech interference criterion (**Table 3.4-4**).

Table 3.4-8 indicates that hospital residents in the Clarendon Hill East building would be significantly affected by construction-related noise, primarily because of this building's proximity to construction

activities. With some hospital rooms located as close as 135 feet from construction activities, maximum noise levels are estimated to reach 72 to 82 dBA (Leq) during various stages of project construction, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more) and would exceed the 45-dBA interior hospital criterion. The 80-dBA speech interference criterion would also be exceeded when trucks are operated. This would be a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact to a less-than-significant level, except in cases when impact equipment, such as jackhammers, is being used. Construction noise impacts on hospital resident receptors associated with the use of impact equipment would remain significant and unavoidable.

Phase Three-B Construction

Phase Three-B would primarily involve demolition of the existing Main Hospital Building in the southern portion of the site (Wings D, E, F, G, K, L, M, and O), and construction of parking lots in their place. Demolition would be completed within five months. Since construction would occur primarily in the southern portion of the site, maximum construction-related noise levels associated with Phase Three-B would primarily affect the Dellbrook Avenue vicinity and the senior living facility located south of the hospital wings and north of Woodside Avenue. Maximum construction noise levels are estimated to reach 66 to 77 dBA (Leq) in the Dellbrook Avenue vicinity, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more), but would not exceed the 80-dBA speech interference criterion (**Table 3.4-3**). Maximum construction noise levels are estimated to reach 71 to 84 dBA (Leq) at the senior living facility, which would noticeably increase ambient noise levels at times (by 5 dBA or more) and would exceed the 80-dBA speech interference criterion when pavers, trucks, and jackhammers are operated in proximity to this building (**Table 3.4-6**). This would be considered a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact to a less-than-significant level.

Tables 3.4-4, 3.4-5 and **3.4-7** indicate that the closest sensitive receptors located on Clarendon Avenue, Olympia Way, Laguna Honda Boulevard, Dewey Boulevard, and across Woodside Avenue would not be significantly affected by demolition- and construction-related noise. Demolition- and construction-related noise at these receptors would not noticeably increase ambient noise levels (ambient noise levels would increase by less than 5 dBA) nor exceed the speech interference criterion.

Table 3.4-8 indicates that hospital residents in the Greenhouse building could be significantly affected by construction-related noise, primarily because of this building's proximity to demolition and construction activities. With some hospital rooms located as close as 60 feet from construction activities, maximum noise levels are estimated to reach 79 to 89 dBA (Leq) during various stages of project construction, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more) and would exceed the 80-dBA exterior speech interference criterion and 45-dBA interior hospital criterion. This would be a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact to a less-than-significant level.

Construction of Assisted Living Facility

The proposed assisted living facility would be constructed sometime during or after 2010. Although not part of the project construction phasing, it is grouped in with Phase Three-B in **Tables 3.4-3** through **3.4-7** because the noise generated by construction activities associated with that facility would be the same as shown in Phase Three-B, with the exception of the noise effects on the hospital receptors. Maximum noise levels associated with construction of the assisted living facility are estimated to reach 61 to 71 dBA (Leq) in the Dellbrook Avenue vicinity, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more), but would not exceed the 80-dBA speech interference criterion. Maximum construction noise levels are estimated to reach 71 to 84 dBA (Leq) at the senior living facility, which would noticeably increase ambient noise levels at times (by 5 dBA or more) and would exceed the 80-dBA speech interference criterion when pavers, trucks, and jackhammers are operated in proximity to this building (**Table 3.4-6**). This would be considered a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact, but it would still remain significant and unavoidable.

Tables 3.4-4, **3.4-5**, and **3.4-7** indicate that the closest sensitive receptors located on Clarendon Avenue, Olympia Way, Laguna Honda Boulevard, Dewey Boulevard, and across Woodside Avenue would not be significantly affected by noise related to construction of the assisted living facility. Construction-related noise at these receptors would not noticeably increase ambient noise levels (ambient noise levels would increase by less than 5 dBA) nor exceed the speech interference criterion.

Hospital residents in the Greenhouse Building would be at least 300 feet from assisted living facility, and administrative offices in the Main Hospital Building would be a minimum of 150 feet from this facility. At 150 feet, maximum construction noise levels at administrative offices would not exceed the 80-dBA speech interference criterion. At 300 feet, maximum construction noise levels at hospital rooms in the Greenhouse building would not exceed the 80-dBA speech interference criterion or 45-dBA interior hospital criterion.

Changes in On-site Circulation, Loading, and Parking

The locations of temporary loading docks, delivery routes, staff parking, and construction parking on the project site would change with each construction phase. Changes in construction delivery truck circulation are reflected in **Tables 3.4-3** through **3.4-8**, which reflect minimum distances, by phase, between specified receptors and proposed truck routes. These tables indicate that truck noise (67 to 77 dBA) could increase ambient noise levels by 5 dBA or more in the Dellbrook Avenue vicinity or at hospital receptors (as the truck passes), but would not exceed the speech interference criterion at any noise-sensitive receptors.

During each phase of project construction, the locations of vehicle access, parking, hospital delivery routes, and loading docks would change on site. Although changes in vehicular noise could be noticeable at times at adjacent sensitive receptors, these changes are not expected to significantly alter ambient noise

levels given the short-term and sporadic nature of deliveries and loading/unloading activities over any given 24-hour period. Nevertheless, it is recommended that locations of access roads and loading docks consider exposure to adjacent residential receptors as well as on-site hospital receptors to minimize any perceived noise impacts.

Conclusion

Tables 3.4-3 through **3.4-8** indicate that residential receptors on Dellbrook Avenue and hospital residents would be most affected by noise generated during project construction. The senior living facility would also be affected by demolition of the hospital wings during portions of Phase Three-B. At these receptors, construction noise increases would be noticeable at times (increasing ambient noise levels by 5 dBA or more), but noise levels would not cause speech interference effects within adjacent residences (except during construction of the interim electrical facility, new fueling station, and new satellite dish in Phase One). However, construction noise levels would periodically exceed hospital interior noise guidelines in hospital rooms located closest to construction activities. Therefore, construction noise impacts to hospital residents would be significant. Construction noise levels associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact. Mitigation measures listed in **Section 4.0, Mitigation Measures**, in this EIR would help reduce noise impacts on these receptors. Implementation of feasible noise controls would reduce construction-related noise increases (increases in daytime ambient noise levels would be less than 5 dBA) at all identified sensitive receptors except residences on Dellbrook Avenue, the senior living facility (during Phase Three-B only), and hospital resident rooms. Implementation of these measures would reduce the adverse effects of construction noise on sensitive receptors, particularly the Dellbrook Avenue, senior living facility, and hospital receptors, by reducing construction noise levels to below the 80-dBA speech interference criterion. These measures would mitigate noise impacts on identified residential receptors to a less-than-significant level. The 45-dBA criterion could not be met during all phases of construction at hospital receptors, however. Therefore, construction noise impacts on hospital receptors cannot be mitigated to a less-than-significant level and would be a significant, unavoidable impact.

D2(b) Off-site Construction Traffic Noise

Since cut and fill would be balanced on-site, there would be no need to haul excess materials off-site, avoiding potential noise impacts on receptors located adjacent to haul routes. However, the project would require delivery of equipment and building materials. The project is estimated to generate an average six trucks per day (12 one-way truck trips per day or 1.5 one-way truck trips per hour over 8hours) throughout construction for delivery of equipment and materials. In addition, based on a conservative approach, up to four concrete trucks per hour (eight one-way truck trips per hour) would be generated during some days of each building construction phase.

Delivery trucks would generate noise while traveling along delivery routes. Possible delivery routes are described in **Subsection E5., Proposed Grading and Utilities Plan**, of **Section 2.0, Project Description**

Residential and school uses are located along many of the identified delivery route streets, and these noise-sensitive uses could be affected by increased truck noise. However, the effects of project-related truck traffic increases would depend on the level of background noise already occurring on these streets. In quiet noise environments (Leq averaging 50 dBA), one truck per hour would be noticeable even though such a low volume would not measurably increase noise levels. In slightly noisier environments (Leq averaging 60 dBA), the threshold level is higher, and it would take 10 trucks per hour to noticeably increase the noise exposure. In moderately noisy environments (Leq averaging 70 dBA), a noise increase would be perceptible with the addition of 100 trucks per hour (Caltrans, 1989). In quiet noise environments or during quieter times of the day, truck noise is mainly a single event disturbance because, although the hourly average associated with short single events is not very high, individual noise peaks of 80 to 85 dBA are common during a truck passage. In noisy environments or during less noise-sensitive hours, truck noise would be perceived as a part of the total noise environment rather than as an individual disturbance. With volumes of 10 trucks per hour or less, there would be no measurable change in existing ambient (24-hour) noise levels.

Use of any of the proposed delivery routes would not result in significant noise impacts since these routes are located along streets that are subject to moderately noisy environments. According to the *San Francisco General Plan,* streets proposed as delivery routes are subject to noise levels over 70 dBA (Ldn). For traffic-dominated environments, Leq is generally about 3 dBA lower than Ldn. Since the Leq noise levels along these streets would be over 65 dBA, project-related truck traffic increases of 10 trucks per hour would not result in noticeable noise increases along these streets. Therefore, noise impacts associated with construction-related truck traffic would be less than significant.

E. CUMULATIVE IMPACTS

Cumulative construction noise impacts could occur if construction of another project occurs in the vicinity of the Laguna Honda hospital at the same time. The Youth Guidance Center (YGC) Juvenile Hall Reconstruction Project is located immediately southeast of the site. The YGC project is proposed to be completed in two phases. Phase One includes six weeks of demolition (Spring 2002), four weeks of earthwork/site preparation (Summer 2002), and 69 weeks of construction (Summer 2002 to Fall 2003). Construction of this project would overlap with Phase One of the proposed project. The noisier phases of demolition and earthwork at the YGC site would overlap with utility construction on the project site (with the noisier activities limited to three or four two-day periods). As indicated on **Tables 3.4-3** through **3.4-8**, Phase One utility construction on the project site would primarily affect Dellbrook Avenue residents and hospital receptors. Construction activities at the YGC site would primarily affect existing residences to the south (across Woodside Avenue) because there is a hill that would completely block construction noise from the Dellbrook Avenue neighborhood and partially block construction noise from hospital residents located in the easternmost wing of the Main Hospital Building (facing east). Although cumulative noise impacts could result due to overlapping construction schedules, existing topography would isolate the two construction projects from each other, thereby minimizing the potential for

cumulative noise impacts on these receptors. In addition, the short duration of the proposed project's noisier activities would limit the extent of overlapping construction activities at these receptors to a maximum of eight days over a one-year period.

The noisiest activities associated with Phase One of the proposed project would be demolition of central campus buildings. Although the demolition phase of the proposed project would overlap with Phase One construction of the YGC project, cumulative noise increases would not be anticipated since the noisier demolition phase of project construction would overlap with the final six months of building construction at the YGC site. In the final six months, the YGC buildings would be enclosed and construction activities would occur primarily in the interior of the building.

Phase Two of the YGC project would involve four weeks of demolition (Winter 2004), six weeks of earthwork (Winter 2004), and 39 weeks of construction (Winter 2004 to Fall 2004). Phase Two of the YGC project would overlap with Phase Two of the proposed project, when new buildings in the central campus vicinity would be constructed. As indicated on **Tables 3.4-3** through **3.4-8**, Phase Two project construction would primarily affect residents living on Dellbrook Avenue, Clarendon Avenue and Olympia Way as well as hospital receptors facing northwest. Due to existing topography, construction activities at the YGC site would primarily affect existing residences to the south (across Woodside Avenue) and hospital residents located in the easternmost wing of the Main Hospital Building (facing east). Similar to Phase One, each project would affect different receptors, minimizing the potential for cumulative noise impacts on any particular receptors. Therefore, the project would not result in any significant cumulative noise impacts.

3.5 HISTORIC ARCHITECTURAL RESOURCES

A. SUMMARY

The proposed project at Laguna Honda hospital would result in the partial demolition of the Main Hospital Building and the complete demolition all other hospital buildings: Clarendon Hall, bridge building, garage, laundry, boiler house, and greenhouse. The hospital complex has been formally determined eligible for the National Register of Historic Places as an historic district under Criterion A, contribution to a broad pattern of events, for its association with the development of health care in San Francisco. Additionally, the Main Hospital Building and Clarendon Hall appear to be individually significant under Criterion C for their association with significant Bay Area architects Newton Tharp and John Reid, Jr. The demolition of these significant structures would be a significant impact. The project sponsor has agreed to implement mitigation measures described in ***Section 4.0, Mitigation Measures****, that would reduce this impact; however, the impact would remain significant and unavoidable.*

B. INTRODUCTION

This section discusses project impacts to historic architectural resources. Other cultural resources impacts related to archaeological and paleontological resources were found to be less than significant in the Initial Study (**Appendix 1.0**) and, therefore, are not analyzed in this EIR.

According to correspondence between the State Office of Historic Preservation (OHP) and the Federal Emergency Management Agency (FEMA), a 1992 FEMA survey concluded that the Laguna Honda hospital complex was eligible for the National Register of Historic Places (NRHP) as an historic district (National Register Status Code 2D2). "It is FEMA's determination that Laguna Honda Hospital and Rehabilitation Center is eligible under Criteria A, B, and C for the NRHP and that Clarendon Hall is a contributing element of the Laguna Honda Hospital and Rehabilitation Center."[1] The Directory of Properties in the Historic Property File from the OHP concurs that by consensus determination the Main Hospital Building, Clarendon Hall, bridge building, greenhouse, garage, boiler house, and laundry are eligible for listing as contributors to an historic district significant under Criterion A, contribution to a broad pattern of events. The Main Hospital Building was also found to be eligible under Criterion C, architectural significance (National Register Status Code 2S2). Copies of this correspondence and the pertinent sheet of the OHP Historic Properties Directory are included in

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1 A. Roy Kite, Chief, Disaster Assistance Programs, Federal Emergency Management Agency. Letter to Steade Craigo, Acting State Historic Preservation Officer, Office of Historic Preservation. 29 December 1992. State Office of Historic Preservation Files, Sacramento, CA.

Appendix 3.5. The complex is not currently listed as a San Francisco Landmark in Article 10 of the San Francisco Planning Code.

As part of the preparation of this EIR, Architectural Resources Group conducted an historic resources evaluation. The following discussion is taken primarily from the October 2001, *Laguna Honda Hospital: Final Historic Background Report*. In this report, the preservation consultant evaluated the historic resources at the site and the potential effects the project would have on these resources. This report is on file and available for review by appointment at the San Francisco Planning Department, 1660 Mission Street, as part of Case File 2000.005E.

C. EXISTING CONDITIONS

C1. History of Laguna Honda Hospital

The floor plan of Laguna Honda hospital is derived from early cruciform-plan hospitals in Europe consisting of a central room or hall with four perpendicular radiating wings. The separate, radiating wings allowed for complete segregation of patient types—men and women, bed-ridden and ambulatory, sane and insane—and for maximum air circulation and light before the advent of electrical systems for these amenities. By the end of the nineteenth century, several hospitals had been built in England and the eastern United States that are clearly precedents for Laguna Honda: each had a series of widely-spaced parallel wings arranged perpendicular to a long central hallway, or spine.

San Francisco had several hospitals, public and private, by the 1860s with two isolation hospitals built as a response to smallpox epidemics.[2] Forty years later, the 1903-4 San Francisco City Directory listed 13 orphanages, 12 hospitals, 10 homes for the aged or infirm, 1 asylum, and 1 alms house—the City and County Alms House, which would later be known as Laguna Honda hospital. The history of hospital design has long been associated with that of alms houses or poor houses, orphanages, and asylums. Early hospitals often combined some or all of these services, and a number also confined prisoners. These structures served the sick and the needy, some merely providing shelter, others providing the best available health care.

In 1866, the San Francisco Board of Supervisors received authorization from the state legislature to build and operate an alms house and hospital. Eighty acres of City-owned land on the western side of Twin Peaks was designated for this purpose. San Francisco's Alms House opened in 1867. One description of the institution noted that "the need of such an establishment had become urgent, as the City and County Hospital was burdened with the permanently disabled and superannuated, who had

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2 William Blaisdell, *Catastrophes, Epidemics, & Neglected Diseases* (San Francisco: San Francisco General Hospital Foundation), 41-2.

been accumulating for years."[3] The first structure on the property was a four-story Second Empire Style building with three wings extending off a central core in a T-shape, the whole overlooking the Spring Valley Water Company's reservoir, Lake Honda. This facility was built to accommodate 400 to 500 patients. A separate 40-bed infirmary was built in 1868, to separate those inmates with contagious diseases, namely smallpox.[4] By 1892, the Alms House was described as consisting of "two large and one small building," and in 1893 a separate chapel was built near the main building.[5]

In 1906, a major earthquake shook San Francisco toppling buildings and rupturing gas lines, which in turn, caused fires that devastated the city. The thousands of homeless and injured put a high demand on public services, health care, and housing. Some buildings on the Laguna Honda hospital grounds were undamaged, and the facility was used as a distribution center and emergency housing. It was operated by the San Francisco Relief Corporation as a Red Cross facility to help injured and homeless San Franciscans, especially the aged. In 1907, the old Laguna Honda hospital building was torn down and new buildings constructed, including Clarendon Hall, the power plant, water tanks, and trash incinerators. Clarendon Hall served as a large infirmary. The E-shaped building housed separate male and female wards, a chapel, and administrative offices. The 1908 San Francisco City Directory listed 12 homes for the aged or infirm, and the number of asylums and sanitariums had grown to four. Laguna Honda hospital, also known as the City and County Relief Home, was the only one of its kind, however, serving a larger population than ever before.

A description from the 1910s noted, "It is the rule of the institution that every able-bodied inmate must work."[6] The inmates participated in all aspects of the operations; they worked in the kitchen and dining rooms as cooks and servers, operated the laundry, cleaned and repaired the facilities, kept up a large working farm, sewed and mended all clothing, cobbled shoes, and even performed such strenuous labor as quarrying rock and repairing roads.

Indicating the beginning of the facility's long-term trend toward health care rather than housing, a special ward for the terminally ill opened in 1913. Then in the 1920s the Laguna Honda hospital campus underwent a major expansion, and the site began to resemble its contemporary state. In 1926, a part of the current Main Hospital Building was constructed across the valley from Clarendon Hall, facing west toward the ocean. The building reflected the locally popular Spanish Revival Style, with stucco walls, molded terra cotta, and red clay tile roofs. It had a large administration section with a

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3 *Langey San Francisco Directory* (1874), 56.

4 Some explanation is needed regarding the term "inmate" for the residents of the Alms House (later Laguna Honda Home). Virtually every newspaper article and other historic source of information about the facility refers to its occupants as "inmates." Laguna Honda, however, has never operated as a prison. These "inmates" were generally sent here by the City when they had no where else to go, but they were not held against their will

5 "Life at the Alms House," *San Francisco Call*, 25 April 1892: 3.

6 Mabel Craft Deering, "A Poor House that Pays," 3.

dining room, theater, and other social spaces. Seven wings for patients projected from the main hall and administration section. Two more wings were added in 1928, extending the Main Hospital Building eastward up the hill. A number of service and support buildings were added and/or expanded when the campus was expanded in 1926. These include the laundry, bridge building, and boiler house, located in the valley, and the greenhouse, on the north side of the Main Hospital Building. The garage was constructed in 1912.

In 1927, the San Francisco Board of Health agreed to convert portions of the Laguna Honda hospital campus into a fully functioning hospital, instead of simply providing housing and minor medical care for the City's poor and aged population. In the 1930s and 1940s there was a major shift in the type of care required of Laguna Honda hospital. The population that now needed Laguna Honda hospital's services was limited to those unable to care for themselves at home or by family—a group with significant medical and psychiatric needs. In 1938, it was reported that 70 percent of the facility's admissions were directly to the infirmary.[7]

These service changes necessitated physical modifications to Laguna Honda hospital. A planned 4-story addition that provided 196 more beds was constructed in 1930. Splivoch & Splivoch were engaged as the builders for this project. Then in February 1931, the San Francisco Board of Supervisors recommended an appropriation of over $400,000 for the addition of two more wards at Laguna Honda hospital.[8] In March of that year, recommendations were made for $43,000 in repairs to Clarendon Hall (the infirmary) and a nearby building constructed in 1911 (no longer extant).[9] In August 1937, the City Health Director recommended that a bond issue include $1,000,000 for the construction of a more modern hospital at the Laguna Honda campus. At the time it was feared that the City would not have access to Works Progress Administration (WPA) funds for this work.[10] Charles W. Wollenberg, Superintendent of the Laguna Honda Home, supported the bond issue, saying:

> The present infirmary of 340 beds was constructed in 1907 and 1908, [one of the] first concrete buildings erected after the San Francisco fire. At that time it was adequate, as it was intended to care for the aged indigent who became ill in our institution, then known as the Alms House. Today, through operation of the Old Age Security Act, the type of population in this institution is fast changing. Laguna Honda Home is rapidly becoming a hospital for the chronically sick, rather than a home for the aged indigent.[11]

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7 "Laguna Honda Home Survey Reported," *San Francisco Chronicle* 8 April 1939: 9.
8 "$417,000 for Relief Home Wards Voted," *San Francisco Chronicle*, 27 February 1931, 4.
9 "Grand Jury Urges Relief Home Repairs," *San Francisco Chronicle*, 21 March 1931: 4.
10 "Geiger Asks $1,600,000 to Aid Ailing," *San Francisco Chronicle*, 8 August 1937: 7.
11 "Hospital Bond Issue Backed By Wollenberg," *San Francisco Chronicle*, 25 October 1937: 7.

The final addition to the Main Hospital Building, Wards M and N (now called Wings M and O) commenced in December 1938. The WPA ultimately contributed 45 percent of the costs, with the remainder funded by a bond issue.[12] The project was intended to increase hospital capacity from 575 to 900 beds. According to J. C. Geiger, City Health Director, these wards were intended to be no less than "the medical center of the West for administration to persons with recurrent ills."[13] His vision was perhaps realized in part when in July 1948, the first cancer ward opened at Laguna Honda hospital. The University of California, San Francisco Medical School used the ward for research in experimental treatments. In the 1960s, an Intensive Rehabilitation Center was certified, and after 80 years of transition from Alms House to health care, Laguna Honda was licensed as a hospital.

By June 1962, the patient population was 1,676. One year later, it had risen to 1,732, with an average length of stay of a year and a half.[14] There are currently 1,065 beds; the number was reduced in an attempt to meet current hospital codes. However, since the 1970s, the level of patient acuity at Laguna Honda hospital has increased. Today, many patients are unable to care for themselves, and overall have more severe medical and psychiatric problems than in the past. More patients are homeless than in previous years, which means that if rehabilitated and released, they have little or no outside support. Laguna Honda hospital currently offers a wide variety of patient services, including 38 skilled nursing units, acute medical and rehabilitation units, occupational and physical therapy, and an outpatient adult day health care center in Clarendon Hall.

C2. Architects Involved

Over the years, a number of architects have been involved with construction projects at Laguna Honda hospital. The City Bureau of Architecture has been responsible for many of the smaller buildings and renovations. The most complete architectural records exist for the two most significant buildings on the site, Clarendon Hall and the Main Hospital.

Clarendon Hall (1908) was designed by the San Francisco Bureau of Architecture and City Architect Newton Tharp. His private practice, the firm of Tharp and Holmes, was also responsible for the Crocker Building (1900) and 131 Post Street (1905). Other commissions include the Dewey Monument in Union Square, along with Robert Aitken, sculptor (1901). Tharp's Grant Building (1905-6), is at the southeastern corner of Seventh and Market Streets. This eight-story building is clad in brick and terra cotta, and has tripartite division with Renaissance/Baroque Revival ornamentation. As City Architect, Newton Tharp was also responsible for the design of the fire station at 466 Bush Street

12 "Laguna Honda Work to Start," *San Francisco Chronicle*, 20 October 1938: 12. "S.F. Gets New Rules on Hospital Projects," *San Francisco Chronicle*, 13 December 1938.

13 "Ground Broken for Laguna Honda Hospital," *San Francisco Chronicle*, 10 December 1938: 9

(1909). The first of several fireproof buildings constructed by the city after the 1906 earthquake, its over-scaled Classical and Baroque details make this small building a prime example of City Beautiful architecture. Still employed as City Architect, Tharp died unexpectedly, shortly after this building was completed.

The Main Hospital Building at Laguna Honda was designed by John Reid, Jr. Original drawings indicate that C. H. Snyed was the structural engineer, and Leland & Haley were electrical engineers for this project (1926).

John Reid, Jr., was born in San Francisco in 1883, graduated from Lowell High School and attended the University of California, Berkeley.[15] He studied at Berkeley under John Galen Howard, an important early Bay Area architect. Reid demonstrated such "exceptional talent" that Howard encouraged him to apply to the Ecole des Beaux Arts in Paris.[16] Reid traveled to Paris, where he easily gained admission by placing second in the competitive entrance examination, among nearly three hundred aspirants.[17] The majority of Reid's designs incorporate classical references, reflecting his Beaux-Arts training.

Upon completion of his studies in 1909, Reid returned to San Francisco. By 1915, Reid was working as a consulting architect for the San Francisco Civic Center with John Galen Howard and Frederick H. Meyer.[18] Reid was involved with the design of San Francisco General Hospital, 1909-1915. He became City Architect in 1917 and remained in this position until 1927. As City Architect he designed many of San Francisco's school buildings, including the High School of Commerce, Mission High School, and Galileo High School.[19] Since the majority of Reid's school buildings during the 1920s were of brick or concrete construction, it is evident that Reid saw the importance of fireproofing, an issue of growing importance during this period. Reid's work with fireproofing was featured in a 1929 national

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14 *Health Care for San Francisco* (San Francisco: San Francisco Hospital Conference, June 1964): 103.

15 The date of Mr. Reid's birth is reported in his Obituary as 1883. "Architect John Reid Dies at 85," *San Francisco Examiner* (16 December, 1968). However, *Who's Who on the Pacific Coast*, reports his birth date as December 26, 1879. *Who's Who on the Pacific Coast* (Chicago: A. N. Marquis Co.: 1949).

16 Personals," *Pacific Coast Architect* (June 1925). According to *Who's Who on the Pacific Coast*, Reid graduated from Berkeley in 1904 and from the Ecole des Beaux Arts in 1909. The Ecole des Beaux Arts was the most prestigious architecture school in Europe. The school offered a design program founded on the classical principles of architectural theory. The term "Beaux Arts" came to refer to the style of architecture practiced by the graduates of this institution which reflected the classical training offered by the school.

17 "France Honors California Boy," *San Francisco Chronicle* (10 February, 1916).

18 *Pacific Coast Architect* (June 1925). *Municipal Blue Book of San Francisco*, 1915: 69. Joan Elaine Draper, *The San Francisco Civic Center: Architecture, Planning, and Policies* (Ph.D. Dissertation School of Environmental Design University of California, Berkeley: May 1979).

19 Obituary, *San Francisco Chronicle* (16 December, 1967). Architectural Resources Group, *Historic Structure Repor 135 Van Ness The High School of Commerce* (November, 1993).

architecture journal.[20] John Reid, Jr., was a well-known Bay Area architect and was City Architect for San Francisco when the Laguna Honda hospital was constructed in 1926. He received the Certificate of Honor from the Northern California Chapter of the AIA in 1927 for his design for the project.[21]

Little information is available concerning the life of John Reid, Jr., after his resignation as City Architect. He stepped down after allegations of nepotism and graft were raised against him because he was the brother-in-law of Mayor Rolph. Reid was a member of the San Francisco City Planning Commission until 1930. Despite any controversy surrounding his resignation, Reid's contribution to the architecture of San Francisco during the two decades after the 1906 earthquake was significant.

C3. Overall Site Description

The 62-acre Laguna Honda hospital site is located on the western slope of Twin Peaks in San Francisco The developed area of the site consists of two knolls separated by a valley. The Main Hospital Building is situated above the southern edge of the valley, stepping eastward up the slope of the hill. Support buildings are grouped on the north side of the Main Hospital Building. The bridge building spans the valley between the Main Hospital Building and Clarendon Hall. Other support buildings are located in the valley adjacent to the bridge building. Clarendon Hall is set into eucalyptus trees and faces southeast, toward the Main Hospital. There is a small meadow in front of Clarendon Hall.

C4. Building Descriptions

C4(a) Main Hospital Building

The Main Hospital Building is a Spanish Revival style building with painted stucco exterior walls and clay tile roofs. The building is composed of a main block, a central corridor, and wings. At the west (front) end of the building, the main block houses the administrative and community spaces such as a theater, chapel, and a large dining room (now used as a kitchen). From there, a central circulation corridor runs up the hill eastward, perpendicular to the main block. A series of 11 parallel wings project from the central corridor; there are 7 wings on the south side of the corridor and 4 wings on the north, behind the administrative block. The wings are each 5 stories high.

The main administrative block and Wings A through G constitute the oldest section of the Main Hospital Building constructed in 1926 and designed by John Reid, Jr., the City Architect from 1917 to

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20 *The American Architect* published an article detailing new fireproof school construction in San Francisco in 1929. Ambrose, William Clement. "Low Cost Fireproof School Construction of San Francisco," *The American Architect* (January, 1929) 135: 107-113.

21 "Honor Awards of the Northern California Chapter of AIA," *The Architect and Engineer* (June 1927) 89: 3, 42. *Who's Who on the Pacific Coast*, 1949.

1927. Wings K and L were added in 1928, and M and N (now called Wing O) in 1935. In 1940, a rectangular addition was built off the east end of the central hall. The structural system of the entire building was of reinforced concrete. The 1942 Sanborn Map indicates that the exterior walls were one-foot thick. Many interior walls were built of unreinforced clay tile. The exterior finish is integrally-colored cement plaster, which has been painted. The wings and central hall all have corbelled terra cotta coping below the tile roofs.

The horizontal massing of the western (front) facade of the Main Hospital Building is broken up by two four-story towers, a recessed entryway, and small projecting wings off the main wings. The front entry, in the center of the western facade, is heavily ornamented. The pair of doors is surrounded by a tall, arched panel of intricately molded terra cotta. Above the door is a frieze depicting a farmer and a seaman above a scroll with the words *"oro en paz - fierro en guerra"* (gold in peace, fire in war). On either side of the doors are tall pillars surmounted by ornate terra cotta urns. At the base of the brick entry steps are two light fixtures with detailed terra cotta bases. The parapet walls on either side of the front door have terra cotta coping and are pierced with rectangular groupings of terra cotta grills.

The wings are extremely long and narrow (approximately 25 feet wide). Roughly rectangular in shape, each ward has a semi-circular end piece, which is slightly narrower than the rest of the wing. These end sunrooms have narrow semi-circular stairwells running the height of the building on either side. The stair towers have small recessed openings. Windows on the main part of the wings have wood frames with a hopper sash at the bottom, a fixed upper sash, and a transom light above. Each section has three lights. The windows have simple terra cotta sills. Many of the windows on the fourth and fifth levels have painted iron grillwork mounted on the exterior.

The wings were originally designed for use as single, open wards with 20 to 30 beds each, but this arrangement no longer meets health codes. Most wards have been subdivided with a central hallway and small patient rooms and nurses' stations on either side. While necessary, to assist in meeting current hospital codes, this plan has resulted in cramped spaces and awkward circulation within the wards. The semi-circular sunrooms at the ends of each wing remain open. Those patients who are able are allowed to move about the hospital as they please. Many sit in the main hall or in the sunny passageways between ward buildings. On each floor, the central passageway functions as a circulation spine and social center of the Main Hospital Building

The front lobby area is the most ornate public space in the Main Hospital Building. It has intricately patterned and colored tile wainscoting. Similar wainscoting appears in other spaces throughout the building, particularly in elevator lobbies, but nowhere else is it so intact. A small internal courtyard off the lobby has a goldfish pond lined with similar tile. Floors in the lobby area are integrally-colored, scored concrete, with areas of marble. It is likely that these floor materials were originally continued

throughout the hospital, but the floors are currently covered with linoleum in patient areas. Four recessed arches in the front hall contain a mural painted in the 1930s by Glenn Wessels in the social realism style. Each section depicts one of four elements—fire, earth, air, and water—as they are used in industry. They were painted in 1934, but covered some 20 years later in an attempt to brighten the lobby area. The paintings were uncovered and restored in 1981.

Over the years, there have been extensive internal alterations to the Main Hospital Building. Throughout the building, walls have been reconfigured, ceilings dropped, floor surfaces changed, and windows replaced, among other less visible alterations. Many renovations have been completed in an effort to meet health codes to the extent permitted by the building plan. Due to lack of funding, repairs and responses to changing programmatic and technical requirements have been addressed on an as-needed basis rather than as a comprehensive project.

Character-Defining Features: Main Hospital Building

- Central hall and wing floor plan
- Tower above main entry
- Round wing ends and stair towers
- Stuccoed facades
- Crenellated and classical detailing at wings
- Tile roofs
- Terra cotta coping
- Terra cotta details at main entry including light fixtures and urns
- Windows including wood hoppers and multi-light
- Main lobby, including tile and murals
- Courtyard and fountain

Conditions: Main Hospital Building

The most significant hindrance to the continued use of the Main Hospital Building is that it does not conform to current seismic, fire, and health care codes. The building, which retains its original reinforced concrete construction, is at risk of significant damage during an earthquake. The long, narrow configuration of the wards makes meeting current fire and health codes virtually impossible. Furthermore, in 1988, a survey of the roofs found a range of "fair to poor" conditions, and observed "long term deterioration...wind damaged tile, loose tile ready to fall, debris deformed gutters barely held in place, and unsealed counter flashings or no counter flashings. It was reported that tiles have fallen off..."[22] Cracking and spalling of the exterior cement stucco is visible throughout the Main Hospital Building. A large patch of mold and other moisture-related damage is visible on the northern facade of

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22 Technical Roof Services, Inc., 1988, as quoted in Kaplan McLaughlin Diaz, *Laguna Honda Hospital Master Plan* 3.3.

the administration building, outside the former kitchen. The interior has been maintained with piecemeal upgrade and renovation projects over the years.

C4(b) Clarendon Hall

Clarendon Hall is the oldest extant building on the Laguna Honda hospital campus, constructed in 1908. Original drawings indicate that it was designed by the San Francisco Bureau of Architecture's City Architect, Newton Tharp. It was originally built as the primary hospital on the site. The roughly E-shaped plan of Clarendon Hall allowed for separate wings for male and female patients, operating and examination rooms, kitchen and dining halls, isolation wards for special cases, and facilities for nurses and other staff.

The three-story building sits at the crest of a steep incline facing south. Pedestrian access is via the bridge building or up a long concrete staircase from the parking lot on the floor of the valley. Vehicular access is via the bridge building or a driveway wrapping up and around the western side of Clarendon Hall. There is a small parking lot on the east side of Clarendon Hall and a few additional spaces to the rear. The main entry is under a simple projecting portico with an arched opening, projecting cornice, and parapet wall. Mosaic tile decorates the floor of the portico. The entry leads through the central pavilion (formerly administration building) down a small hallway and into the central block—an open public space on the ground floor. The main hall extends from either side of this block to the long wards that form the ends of the E.

The simplified Classical Revival style building is clad in cement stucco, painted in neutral tones. Each section has a hipped roof covered in red clay tile. Original drawings show ornate cresting on the roof of the central pavilion and more modest cresting on the side wings. This ornamentation is no longer present. A small tower housing toilet facilities is located near the center of each side wing, on the inner facade. These towers have glass skylight roofs, and originally had finials at the top. On the main wings, window bays are slightly recessed into the facade. Massive pilasters further delineate corner bays. The ground floor is separated from those above by a large projecting stringcourse encircling the building. Most windows are three single panes, one on top of the other, with a fixed top light (in most cases the top light has been painted over). On the ends of the outer wings, the bottom two lights are operable awning sashes; most other windows are double-hung sashes. Second-floor windows on the outer wing ends are shaped into wide arches. A frieze with a row of square plaques and round medallions spans the space between these arched windows and the base of the third floor windows.

The halls connecting the three wings appear highly transparent due to large window bays, which allow light to pass into and through the building. The ground-floor hall windows are arched like the second- floor windows at the wing ends. A renovation in the late 1970s included the addition of two

large painted metal exterior staircases, one at either end of the building. Windows were modified to provide emergency exits to these stairs.

Little, if any, original fabric remains on the interior of the building. Floors have been covered with linoleum, the original open wards divided into smaller rooms and hallways, and former dining, kitchen, and operating rooms converted into additional wards or public spaces. Food is delivered to Clarendon Hall from a central kitchen in the Main Hospital Building. Like other buildings on the property, Clarendon Hall has suffered from deferred maintenance and piecemeal alterations over the years. Earlier surveys indicate that the roof needs major work, and the building does not meet current seismic codes. However, as the oldest building on the property, and because it retains a high degree of exterior architectural integrity, Clarendon Hall is a major contributor to the significance and feeling of the Laguna Honda hospital campus.

Character-Defining Features: Clarendon Hall

- Tile roofs
- Stuccoed facades
- Windows, including wood double and tripartite double-hung and awing style
- Recessed window bays
- Pilasters
- Projecting string course
- Entry portico
- Tile work at entry
- Metal and glass skylights

Conditions: Clarendon Hall

Clarendon Hall, built of reinforced concrete construction, was significantly damaged in the 1989 earthquake, including structural separation of the walls, but has remained in operation. Structural safety concerns have led to three different studies to address feasible improvements. Another of the building's current major problems is its roof. A 1990 assessment found the roof to be in "extremely poor condition."[23] Lack of preventative roof maintenance has lead to numerous leaks and general deterioration of the roof. The exterior stairs added in the late 1970s renovation are in need of paint. Some cracking and spalling of the exterior stucco is visible in various places. The upper lights of several windows have been infilled or painted over to accommodate mechanical and ventilation equipment.

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23 Kaplan McLaughlin Diaz, 3.7.

C4(c) Bridge Building

Built in 1926, the aptly titled bridge building spans the valley between the Main Hospital Building and Clarendon Hall. Its roof is a narrow two-lane road, serving as the main vehicular connection between the two sides of the property. A stucco wall, approximately four feet high, runs along either side of the road, and a sidewalk is located on the west side. The reinforced-concrete building underneath the roadway is two stories high, and clad in stucco. A series of tall recessed arches along both sides of the building outline first- and second-floor windows. The windows are multi-paned wood frame, in a combination of operable hopper and casement sash. Pilasters divide the ground-floor windows into three groups within each arch. In the center of the bridge building, an arched opening connects the parking lot on the western side to the facilities buildings on the eastern side. The pass-through is an open driveway at ground level, with an open-air walkway crossing overhead at the second level.

The building appears to be in good condition, though the exterior stucco shows some signs of cracking and previous patches. The building does not meet current seismic standards. It appears that there have been few exterior alterations to the bridge building.

Character-Defining Features: Bridge Building

- Road above second floor
- Recessed window arches
- Multi-pane windows
- Pass-through

Conditions: Bridge Building

The 1988 Roof Condition Study found that the walls of the bridge building have cracks, which allow for water seepage, and recommended that the building be waterproofed. The cracking is likely aggravated by traffic over the roof structure. The building is also in need of exterior paint. Previous surveys have found a significant amount of asbestos present in the building, likely in the pipe insulation, window caulking, and roof insulation.

C4(d) Garage

The garage was built in 1912 with a later addition on the east end. The building is located on the southern side of the valley, just west of the bridge building. Built of reinforced concrete, it is painted to match the adjacent bridge building. The western half of the building is slightly deeper than the eastern addition, and from above one sees that the exterior wall of the original structure divides the roof into two sections. Both portions of the roof are flat and slope gently toward the hill at the back of the building. The east facade has three double-hung windows, set into arches like those of the bridge

building. The two-light upper sash windows remain, but the lower sash has been removed and filled in. The eastern half of the building has four tall wooden rolling garage doors on the north facade, facing the parking lot. The three wooden rolling doors in the western half (original section) are slightly shorter than the others, and the middle door has an elliptically arched header. A simple metal cornice surrounds the front and sides of the garage. The rear of the building, which backs up against the steep hillside, is not ornamented. The building appears to be in fair condition, and is not currently in use.

Character-Defining Features: Garage

- Garage doors
- Cornice
- Windows on east facade

Conditions: Garage

The garage appears to be in fair condition.

C4(e) Laundry

The hospital laundry may have been converted from a c. 1926 garage building on the same site. Records indicate that the laundry was built in 1926, but a 1928 Sanborn Map shows a garage in this location, at the northern side of the valley, just east of the bridge. The laundry is a tall, one-story, reinforced-concrete structure, and the pattern of the wooden form-work is still visible in the exterior concrete walls. The building is cut back along the western end of the south (front) facade to accommodate a covered loading and storage area. A large addition has been built at the south end of the laundry, and its walls are constructed of concrete masonry units with corrugated plastic siding above the base. The main portion of the laundry has a wide doorway in the center for deliveries, and a row of high multi-light windows, some with operable awning sashes. A small groove, which runs around all facades just below the cornice line, is the only ornamentation. Vents and other machinery project through former windows at various points, and several ladders have been attached to the facade to provide access to the large mechanical equipment on the roof.

Character-Defining Features: Laundry

- Concrete walls
- Multi-light awning windows
- Groove at cornice line

Conditions: Laundry

The laundry building appears to be in fair condition.

C4(f) Boiler House

A boiler house had been built prior to 1913 on the south side of the valley. Records indicate that the present building was constructed on the same site in 1926. The main part of the reinforced concrete building is two stories high. The peak of its hipped roof is off-center, closer to the front of the building. A one-story, flat-roofed portion projects from the front (north) of the plant, and a similar one-story section extends westward. Just uphill from the western wing are two large wooden water towers (no longer in use). Windows on the two-story portion of the plant are multi-light fixed sash, with an operable three-over-three awning sash at the top of each grouping. Windows on the front and side extensions are aluminum frame with a fixed upper and operable lower awning sash.

Character-Defining Features: Boiler House Conditions: Boiler House

The roof of the boiler house is in need of replacement due to age-related deterioration and improperly sealed holes for pipes. The building appears to be in good condition.

C4(g) Shop

The shop building was constructed in 1957. It is located north of the Main Hospital Building, just downhill from the greenhouse. It is a two-story, reinforced-concrete structure, set into the hillside. Due to the slope of the hill, the rear (east) entrance is at the second-floor level. The front (west) facade is set back so that the roof and sidewalls project several feet. There are two large groupings of multi-paned aluminum sash windows on each floor, some with operable awning sash. An entry door is cut into each of the two ground-floor window groupings on the front facade. The rear facade has a larger roof overhang, which is slightly tapered away from the body of the building. Windows at the rear match those on the front, and there is a single entry door toward the southern end of this facade.

Character-Defining Features: Shop

- Multi-pane aluminum windows
- Recessed facade

Conditions: Shop

The shop building appears to be in good condition.

C4(h) Greenhouse

Built in 1926, the current Laguna Honda hospital greenhouse is located on the northern side of the Main Hospital Building. Its entrance is at the west end, and the greenhouse extends eastward into the gentle slope of the hillside. The entry is a shallow Spanish Revival style stucco building, with a hipped

Spanish tile roof. A pair of doors with multi-pane top lights is centered on the west facade. Three windows on the south facade are two-over-two, wood-frame, double-hung sash. The glass greenhouse is located behind the stucco section, with a hipped roof to match that over the entry. The walls of the greenhouse have a concrete base, finished with stucco, with two double-hung glass panes above. The roof is entirely made of rectangular panes of fiberglass. The panes at the roof peak are operable, opening inward to allow for air circulation.

Character-Defining Features: Greenhouse

- Stucco entry with tile roof
- Glass skylight system

Conditions: Greenhouse

The greenhouse skylights are deteriorated and allow for water leakage. The skylights need to be repaired and/or replaced. The front stucco portion of the building appears to be in good condition.

C5. Evaluation of Historical Significance

Laguna Honda hospital, including the site and its associated buildings, is important as a record of the history of San Francisco's public health and elderly care services. It is architecturally significant for its large institutional buildings, particularly Classical Revival style Clarendon Hall, and John Reid, Jr.'s, Spanish Revival style Main Hospital Building. Clarendon Hall, built in 1908, was one of the first hospital buildings constructed after the 1906 earthquake and was built as a result of the increased demand for health services due to that disaster. It has continued to function as a hospital and elderly care center throughout its history. Reid's Main Hospital Building was constructed in 1926, and was subsequently expanded with finger-like wings designed to match the original.

A number of support buildings were constructed on the Laguna Honda site in the 1910s and 1920s, including the laundry, bridge building, boiler house, greenhouse, and garage. Designed and sited to be less prominent than the Main Hospital Building, these structures represent the support functions of the institution. These buildings contribute to the understanding of the Laguna Honda hospital site history and its operation as a large public hospital and health facility.

The first city Alms House was built on this property in the 1880s. At the time the site was well outside of the bustling city. The land around the hospital property was developed as an upscale residential area in the 1920s. The elegant design of the Main Hospital Building and Clarendon Hall and natural topographical separation from the nearby houses make Laguna Honda a contributor to the character of the Forest Hill neighborhood.

According to the records of the OHP, a 1992 FEMA survey found the Laguna Honda site eligible for listing on the NRHP as an historic district under criterion A, contribution to a broad pattern of events in history. The survey found that the Main Hospital Building was further eligible as individually significant under Criterion C, architectural significance. The other potential district contributors are Clarendon Hall, laundry, bridge building, boiler house, greenhouse, and garage. Correspondence between FEMA and the OHP from 1992 confirms these findings. Laguna Honda is not currently a San Francisco Landmark.

The October 2001 report, *Laguna Honda Hospital: Final Historic Background Report*, prepared for this EIR concurred with FEMA's findings of an NRHP eligible district, eligible at the local level under Criterion A and the eligibility of the Main Hospital Building under Criterion C of the NRHP. In addition, the preservation consultant found that Clarendon Hall is also individually significant under Criterion C for its association with prominent Bay Area architect Newton Tharp. See **Subsection D., Policy and Regulatory Framework**, below for a discussion of register eligibility requirements to list significant historical resources.

D. POLICY AND REGULATORY FRAMEWORK

D1. National Register of Historic Places

The NRHP is the nation's master inventory of known historic resources. The NRHP is administered by the National Park Service (NPS). The NRHP includes listings of buildings, structures, sites, objects, and districts that possess historic, architectural, engineering, archaeological, or cultural significance at the national, state, or local level.

Resources (structures, sites, buildings, districts, and objects) over 50 years of age can be listed on the NRHP. However, properties under 50 years of age that are of exceptional importance or are contributors to a district can also be included on the NRHP. This discussion is intended to be a brief summary of the criteria used to determine if a particular resource is eligible for listing on the NRHP. The following list of definitions is relevant to any discussion of the NRHP.

> A <u>structure</u> is a work made up of interdependent and interrelated parts in a definite pattern of organization. Generally constructed by man, it is often an engineering object large in scale.
>
> A <u>site</u> is defined as the location of a significant event, a prehistoric or historic occupation or activity, or a building or structure, whether standing, ruined, or vanished, where the location itself maintains historical or archaeological value regardless of the value of any existing structure.

Buildings are defined as structures created to shelter human activity.

A district is a geographically definable area—urban or rural, small or large—possessing a significant concentration, linkage, or continuity of sites, buildings, structures, and/or objects united by past events or aesthetically by plan or physical development. A district may also comprise individual elements separated geographically but linked by association or history.

An object is a material thing of functional, aesthetic, cultural, historical, or scientific value that may be, by nature or design, moveable yet related to a specific setting or environment.

There are four criteria under which a structure, site, building, district, or object can be considered significant for listing on the NRHP. These include resources that:

A) are associated with events that have made a significant contribution to the broad patterns of history (such as a Civil War Battlefield or a Naval Ship Building Center);

B) are associated with the lives of persons significant in our past (such as Thomas Jefferson's Monticello or the Susan B. Anthony Birthplace);

C) embody the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction (such as Frank Lloyd Wright's Taliesin or the Midwestern Native American Indian Mounds);

D) have yielded or may likely yield information important in prehistory or history (such as prehistoric ruins in Arizona or the archaeological sites of the first European settlements in St. Augustine, Florida, or at the Presidio of San Francisco)

A resource can be considered significant in American history, architecture, archaeology, engineering, and culture. Once a resource has been identified as significant and potentially eligible for the NRHP, its historic integrity must be evaluated. Integrity involves seven aspects: location, design, setting, materials, workmanship, feeling, and association. These aspects closely relate to the resource's significance and must be intact for NRHP eligibility.

When nominating a resource to the NRHP, one must evaluate and state the significance of that resource clearly. A resource can be individually eligible for listing on the NRHP for any of the above four criteria. A resource can also be listed as contributing to a group of resources that are listed on the NRHP. In other words, the resource is part of an historic district as defined above.

Districts are comprised of resources that are contributing and non-contributing. Some resources within the boundaries of the district may not meet the criteria for contributing to the historic character of the district but the resource is within the district boundaries.

D2. California Register of Historical Resources

The California Register of Historical Resources (CRHR) is the state's authoritative guide to significant California historical and archeological resources. The State Historical Resources Commission (SHRC) has designed this program for use by state and local agencies, private groups and citizens to identify, evaluate, register, and protect California's historical resources.

The CRHR program encourages public recognition and protection of resources of architectural, historical, archeological, and cultural significance, identifies historical resources for state and local planning purposes, determines eligibility for state historic preservation grant funding, and affords certain protections under CEQA.

Types of resources eligible for nomination for listing in the CRHR are buildings, sites, structures, objects, or historic districts. Properties on or formally determined eligible for the NRHP are automatically listed in the CRHR. An historical resource must be significant at the local, state, or national level under one or more of the following criteria for listing:

1. It is associated with events or patterns of events that have made a significant contribution to the broad patterns of local or regional history, or the cultural heritage of California or the United States; or
2. It is associated with the lives of persons important to local, California, or national history; or
3. It embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of a master, or possesses high artistic values; or
4. It has yielded, or has the potential to yield, information important to the prehistory or history of the local area, state or the nation.

D2(a) Effects of Listing

Listing of an historical resource in the CRHR results in the following:

- Limited protection: Environmental review may be required under CEQA if the property is threatened by a project;
- The local assessor may enter into contract with the property owner for property tax reduction (pursuant to the Mills Act);
- The local building inspector must allow potential alternatives to complying with current code as provided under the State Historical Building Code; and
- The owner may place his or her own plaque or marker at the site of the resource.

D3. City of San Francisco Resources

D3(a) Draft Preservation Element of the San Francisco General Plan

The Preservation Element is a component of the *San Francisco General Plan (General Plan).* Within the context of the *General Plan*, the Preservation Element sets forth the following goals, objectives and policies for historic preservation:

- *Assess Cultural Resources.* Maintain a complete inventory of important cultural resources and disseminate information important to the understanding of these resources;
- *Protect Cultural Resources.* Preserve significant cultural resources;
- *Use Preservation Incentives and Government Regulations.* Develop and apply preservation techniques available as part of local, state, and federal programs;
- *Provide Public Information and Education.* Foster public awareness and appreciation of San Francisco's cultural resources and support the City's economy by encouraging tourism and attracting development and investment based on these cultural resources; and
- *Promote Sustainability.* Recognize the environmental values of San Francisco's built environment.

Preservation objectives and policies are included throughout the *General Plan's* Elements and Area Plans. Objectives and policies explicitly regarding the preservation of historic resources are contained in the following *General Plan* Elements: Air Quality, Arts, Commerce and Industry, Community Safety, Recreation and Open Space, Residence, Transportation, and Urban Design.

Project review is required for both individually eligible buildings and buildings within the downtown historic district. Such projects must meet *The Secretary of the Interior's Standards for Rehabilitation*. Additionally, the Article 10 of the San Francisco Planning Code notes that routine maintenance of historically significant resources prevents deliberate or inadvertent neglect of historic features. Under the *General Plan*, demolition is allowable only when there are issues of health and public safety.

Historic Districts

According to Policy 2.2 (Draft) of the Preservation Element of the *General Plan*, "As new Historic or Conservation districts are created, the regulation of nearby development should be consistent with the goals of the district. Height, bulk, and density controls should assure that new infill development is compatible with the existing character of the district. In addition, land use and zoning incentives should be considered to protect and revitalize such districts. Standards for review reflecting the unique

characteristics of each historic or conservation district should be included in the designating ordinance for each district."

The project site is not currently within a City-designated historic or conservation district. None of the adjacent areas fall within an historic district; however they have not been assessed and thus could be potentially eligible.

D3(b) San Francisco Planning Code and The Landmarks Preservation Advisory Board

The purpose of the preservation of historical, architectural, and aesthetic landmarks as defined by Article 10 of the San Francisco Planning Code is to prevent the unnecessary destruction of these resources and to encourage the reuse of these valuable resources. The Planning Code spells out that the prevention of such needless destruction and impairment is essential to the health, safety, and general welfare of the citizens of San Francisco.

The Landmarks Preservation Advisory Board (LPAB) advises the Department of City Planning and the Planning Commission on historical preservation matters.

The Laguna Honda hospital campus is not currently a San Francisco Landmark or Historic District. The campus, however may meet the criteria for a San Francisco Landmark or Historic District. According to the Planning Code, an historic district may be designated by the Board of Supervisors if it has, "special character or special historical, architectural or aesthetic interest or value, and constituting a distinct section of the city." The Laguna Honda hospital campus has special historical value because of its role in the development of health care in San Francisco. Additionally, the Main Hospital Building and Clarendon Hall have special aesthetic interest for their association with prominent Bay Area architects Newton Tharp and John Reid, Jr. The hospital is a defined group of buildings on a single property, and therefore forms a distinct section of the city. The hospital complex may meet the requirements of the Planning Code and may be potentially eligible as a San Francisco Landmark or Historic District.

E. PROJECT IMPACTS

E1. Significance Thresholds

To determine whether cultural resources could be significantly affected for CEQA purposes, the significance of the resource itself must first be determined.

E1(a) Historical Resources

Pursuant to Section 15064.5 of the CEQA *Guidelines*, an historical resource is presumed significant if it is listed on the CRHR or has been determined to be eligible for listing by the SHRC. An historical resource may also be considered significant if the lead agency determines, based on substantial evidence, that the resource meets the criteria for inclusion in the CRHR. The criteria are as follows:

1. Is associated with events that have made a significant contribution to the broad patterns of California's history and cultural heritage;

2. Is associated with lives of persons important in our past;

3. Embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of an important creative individual, or possesses high artistic values; or

4. Has yielded, or may be likely to yield, information important in prehistory or history.

CEQA also contains additional guidelines for defining an historical resource:

- California properties formally determined eligible for, or listed in the NRHP (Section 5024.1 d.1),

- those resources included in a local register of historical resources, as defined in Section 5020.1(k) of the *Public Resources Code*, or identified as significant in an historical resources survey meeting the requirements of Section 5024.1(g) of the *Public Resources Code*;

- those resources that a lead agency determines to be historically significant (generally, if it meets criteria for listing on the CRHC), provided the determination is supported by substantial evidence, or

- those resources a local agency believes are historical for more broadly defined reasons than identified in the preceding criteria.

E2. Impact Criteria

Section 15065 of the CEQA *Guidelines* mandates a finding of significance if a project would eliminate important examples of major periods of California history or prehistory.

In addition, pursuant to Section 15064.5 of the CEQA *Guidelines*, a project could have a significant effect on the environment if it "may cause a substantial adverse change in the significance of an historical resource." A "substantial adverse change" means "physical demolition, destruction, relocation, or alteration of the resource or its immediate surroundings such that the significance of an historical resource is impaired." Material impairment means altering "in an adverse manner those

characteristics of an historical resource that convey its historical significance and its eligibility for inclusion in the California Register of Historical Resources."

Impacts to historical resources not determined to be significant according to any of the significance criteria described above are not considered significant for the purposes of CEQA.

Generally, under CEQA, a project that follows The Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring, and Reconstructing Historic Buildings or The Secretary of Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Structures is considered to have mitigated impacts to an historical resource to a less-than-significant level (CEQA Guidelines 15064.5). Section 15126.4 (b)(2) of the CEQA Guidelines notes that in some circumstances, documentation of an historical resource may not mitigate the effects to a less-than-significant level.

E3. Impacts of the Proposed Project

As described above, the Laguna Honda hospital campus is considered a significant historic resource under CEQA because it has been determined eligible for the NRHP as an historic district and, therefore, by default, the CRHC. The hospital is significant for its role in the development of health care in San Francisco. Additionally, the Main Hospital Building and Clarendon Hall appear to be significant under Criterion C for their association with prominent Bay Area architects Newton Tharp and John Reid, Jr. The proposed project would result in the complete demolition of Clarendon Hall, the bridge building, garage, laundry, boiler house, shop, and greenhouse, and the partial demolition of the Main Hospital Building except Wings A, B, C, and H. Several of the smaller buildings—the Shop, garage, laundry, boiler house, and greenhouse could be demolished without significantly affecting the district. However, the demolition of Clarendon Hall, the bridge building, and major portions of the Main Hospital Building would result in substantial adverse change in the significance of the historic district. Further, the demolition of the majority of the Main Hospital Building and the entire removal of Clarendon Hall would significantly affect these individual resources.

F. CUMULATIVE IMPACTS

Impacts to historic architectural resources tend to be site-specific and are assessed on a site-by-site basis. However, a cumulative impact to historic architectural resources could result from the incremental impact of the proposed project when added to other closely related past, present, or reasonably foreseeable, future projects. The Laguna Honda hospital campus is one of the few remaining historic hospitals in San Francisco and is significant historic representation of the public health care in the City. The only other closely related past, present, or reasonably foreseeable future project in San

Francisco that involves a historic hospital is the recently approved adaptive reuse, rehabilitation, and expansion of the Shriner's Temple Building as a senior assisted living facility and construction of 82 dwelling units on the hospital site. The Shriner's Hospital for Crippled Children was built in 1923 on 19th Avenue in San Francisco. The original hospital building is now referred to as the Temple Building. The Temple Building and northern portion of the hospital site are City Landmark No. 221. The San Francisco Planning Department prepared an Initial Study on the Shriner's project and determined that the adaptive reuse of the Temple Building would not result in a significant impact to the City Landmark and issued a Negative Declaration on the project.

Because the City Landmark Temple Building of the original Shriner's Hospital is not being significantly affected, impacts to historic architectural resources from the proposed Laguna Honda hospital replacement project would not contribute to a significant cumulative impact historic health care facilities in San Francisco.

A. SUMMARY

A Phase I Environmental Site Assessment was conducted for the Laguna Honda hospital complex to determine the extent to which hazardous materials and/or wastes may be present on the complex. Aerial photographs were reviewed, agency databases were searched, and a site visit was conducted. It was determined that asbestos-containing materials are present on site and lead-based paint is likely to be present. Because the project sponsor would be required to comply with existing rules and regulations pertaining to the removal and disposal of asbestos and lead-based paint, no significant impacts regarding those materials are identified.

Site records indicate the potential former presence of up to three incinerators. Hazardous material releases may have occurred in the vicinity of the incinerators. Historical and existing underground storage tank locations were identified which may be sources of potential contamination. Construction workers may encounter soil and/or groundwater contamination during site preparation activities, potentially exposing them and the public to hazardous substances. This is considered a potentially significant impact. The project sponsor has agreed to implement mitigation measures that are described in **Section 4.0, Mitigation Measures***, that would reduce this impact to a less-than-significant level.*

The Initial Study conducted for this project determined that the proposed project would not interfere with execution of any emergency response plans or increase the risk of fire hazards (see **Appendix 1.0***). Therefore, those topics are not addressed further in this EIR.*

B. INTRODUCTION

This section addresses the potential impacts associated with hazardous building materials, hazardous materials use and storage, hazardous waste generation and storage, and soil and groundwater contamination that may result from implementation of the proposed project.

A number of properties may cause a substance to be to be considered hazardous, including toxicity, ignitability, corrosivity, or reactivity. According to the State of California, a hazardous material is defined as:

> *"a substance or combination of substances which, because of its quantity, concentration, or physical, chemical or infectious characteristics, may either: 1) cause, or significantly contribute to, an increase in mortality or an increase in serious irreversible, or incapacitating irreversible illness, or 2) pose a substantial present or potential hazard to human health or environment when improperly treated, stored, transported, or disposed of or otherwise managed."*

This section is based on the *Laguna Honda Hospital Draft Final Phase I Environmental Site Assessment* (Weiss Associates 2000).[1]

C. EXISTING CONDITIONS

C1. Hazardous Building Materials

Existing structures on the project site may contain hazardous materials, such as asbestos, lead, mercury, or other hazardous materials. In the past, asbestos, polychlorinated biphenyls (PCBs), and lead were commonly installed in insulation, floor tiles, roofing tar, electrical transformers, fluorescent light ballasts, and paint. Mercury is common in electrical switches and fluorescent light bulbs. Comprehensive testing of existing structures for the presence of hazardous materials has not been conducted; however, selected sampling has confirmed the presence of asbestos-containing materials and lead-based paint in at least some of the existing buildings.

C2. Hazardous Materials Use and Storage

Hazardous materials are used and stored at various locations throughout the Laguna Honda hospital complex. These materials consist mostly of oils, lubricants, fuels (gasoline and diesel), boiler water chemicals, chemicals used for x-rays, paints, cleaners, insecticides, and pesticides. They are stored throughout the complex in the Main Hospital Building, Clarendon Hall, the bridge building, power plant, garage, and various shop buildings. These materials are generally stored in small quantities (one- to five-gallon containers), although 30-gallon containers of herbicides are stored in the Gardener's shop and 55-gallon drums of gear oils are stored near the power plant. They are used to operate and maintain the power plant, maintain other onsite equipment, and for building and grounds upkeep.

In addition, there are some underground storage tanks (USTs) and aboveground storage tanks (ASTs) onsite that store hazardous materials. There is one 5,000-gallon UST east of the power plant that is used to store gasoline. Two 15,000-gallon USTs that store diesel fuel are located between the power plant and the laundry. Three 1,000-gallon ASTs are used to store propane located in a fenced enclosure in the valley area to the east of the 5,000-gallon gasoline UST. Two former 10,000-gallon single-wall diesel USTs located north of the power plant were abandoned in place. There also was a former UST beneath the garage that was used to store used oil and there were three former gasoline USTs along the south wall of the laundry. No records are available that document whether these tanks were removed or abandoned in place.

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1 This report is available for review by appointment at the San Francisco Planning Department, 1660 Mission Street, 5th Floor, as part of Case No. 2000.005E.

C3. Medical and Hazardous Waste Generation and Storage

The Laguna Honda hospital complex generates approximately 25 to 50 tons of medical and hazardous waste each year and is considered to be a large quantity generator of federal hazardous waste. Medical waste is generated throughout the complex from various medical processes. Medical wastes are double-bagged in red bio-hazard bags and placed in plastic garbage cans awaiting pick-up. The pick-up service comes to the complex every three days. In between pick-ups, medical waste is stored in the following locations:

- Clarendon Hall, medical waste storage room; and
- Main Hospital Building, medical waste storage room.

Hazardous wastes generated onsite are stored in the following locations:

- Clarendon Valley, hazardous waste storage area (paint containers, batteries, asbestos, and absorbents);
- Power Plant, waste oil storage area (waste oil is stored in 55-gallon drums); and
- Power Plant, machine shop (used solvent is stored in an above ground tank).

Hazardous waste transportation and disposal contractors remove the waste from each storage area every 90 days. Laguna Honda hospital is allowed to generate and store hazardous wastes for periods up to 90 days under a Compliance Certificate from San Francisco Department of Public Health, Hazardous Materials Unified Program Agency.

C4. Soil and Groundwater Contamination

No known areas of soil or groundwater contamination exist at the project site. As stated above, the project site contains several former and present USTs and ASTs. During the abandonment-in-place of two diesel USTs located in the Clarendon Valley area of the site, soil borings were completed near the tanks. The soil samples collected contained benzene, toluene, ethyl benzene, and total xylenes at levels that were at or below the analytical laboratory's detection thresholds. No remediation activities were recommended or are required for this area. Suspected areas of soil and groundwater contamination have been identified due to the presence of other former and present storage tanks on the site, particularly a former underground sump or tank in the northeastern bay of the garage and three former gasoline USTs located south of the laundry building. In addition, the active gasoline underground storage tank, located east of the power plant, has the potential to have released methyl tertiary-butyl ether (MTBE) in the soil

Three incinerators are suspected to have existed onsite at the following locations: Main Hospital Building, Wing M, Level 3; the area between the current Clarendon Valley hazardous waste storage area and the power plant; and, the area northeast of the Clarendon Hall parking lot. There are no records as to how the incinerators were operated, what was incinerated in them, or how they were closed and dismantled

However, depending on what was incinerated and how they were operated, there is the potential for semi-volatile organic compounds and metals to be present is soils in the vicinity of these former incinerators.

Groundwater occurs at depths between 30 to 40 feet below ground surface at the project site.

D. SIGNIFICANCE THRESHOLDS

As evaluated in this EIR, the project would have a significant impact if it would create a potential public health hazard or involve the use, production, or disposal of materials that pose a hazard to people or animal or plant populations in the area affected.

E. PROJECT IMPACTS

E1. Hazardous Building Materials

E1(a) Asbestos

The proposed project would involve the demolition of most of the existing structures on the site, which may contain friable asbestos. Inadvertent releases of friable asbestos could expose construction workers, employees, residents, or visitors to this hazardous material, which could result in various adverse health effects in exposure were of sufficient quantity. However, the project sponsor would comply with regulations and guidelines pertaining to abatement of and protection from exposure to asbestos. Section 19827.5 of the California Health and Safety Code, adopted January 1, 1991, requires that local agencies not issue demolition or alteration permits until an applicant has demonstrated compliance with notification requirements under applicable federal regulations regarding hazardous air pollutants, including asbestos. The Bay Area Air Quality Management District (BAAQMD) is vested by the California legislature with authority to regulate airborne pollutants, including asbestos, through both inspection and law enforcement, and is to be notified ten days in advance of any proposed demolition or abatement work.

Notification includes the names and addresses of operations and persons responsible; description and location of the structure to be demolished/altered including size, age and prior use, and the approximate amount of friable asbestos; scheduled starting and completion dates of demolition or abatement; nature of planned work and methods to be employed; procedures to be employed to meet BAAQMD requirements; and the name and location of the waste disposal site to be used. The District randomly inspects asbestos removal operations. In addition, the District will inspect any removal operation for which a complaint has been received.

The local office of the State Occupational Safety and Health Administration (OSHA) must be notified of asbestos abatement to be carried out. Asbestos abatement contractors must follow state regulations contained in Title 8, Sections 341.6 through 341.14, and Section 1529 of the California Code of Regulations

where there is asbestos-related work involving 100 square feet or more of asbestos-containing material. Asbestos removal contractors must be certified as such by the Contractors Licensing Board of the State of California. The owner of the property where abatement is to occur must have a Hazardous Waste Generator Number assigned by and registered with the Office of the California Department of Health Services in Sacramento. The contractor and hauler of the material is required to file a Hazardous Waste Manifest which details the hauling of the material from the site and its disposal. Pursuant to California law, the Department of Building Inspection (DBI) would not issue the required permit until the applicant has complied with the notice requirements described above. These regulations and procedures, already established as a part of the permit review process, would ensure that any potential impacts due to asbestos would be reduced to less than significant.

E1(b) Lead-Based Paint

The proposed project includes demolition of structures that may contain lead-based paint. Inadvertent releases of lead-based paint could expose construction workers, employees, residents, or visitors to this hazardous material, which could result in various adverse health effects if exposure were of sufficient quantity. However, the project sponsor would comply with effects if exposure were of sufficient quantity. However, the project sponsor would comply with regulations and guidelines pertaining to abatement of and protection from exposure to asbestos. Demolition must comply with Chapter 36 of the San Francisco Building Code, Work Practices for Exterior Lead-Based Paint. Where there is any work that may disturb or remove lead-based paint on the exterior of any building built prior to December 31, 1978, Chapter 36 requires specific notification and work standards, and identifies prohibited work methods and penalties.

Chapter 36 applies to buildings or steel structures on which original construction was completed prior to 1979 (which are assumed to have lead-based paint on their surfaces), where more than ten total square feet of lead-based paint would be disturbed or removed. The ordinance contains performance standards including establishment of containment barriers, at least as effective at protecting human health and the environment as those in the U.S. Department of Housing and Urban Development Guidelines (the most recent Guidelines for Evaluation and Control of Lead-Based Paint Hazards) and identifies prohibited practices that may not be used in disturbance or removal of lead-based paint. Any person performing work subject to the ordinance shall make all reasonable efforts to prevent migration of lead paint contaminants beyond containment barriers during the course of the work, and any person performing regulated work shall make all reasonable efforts to remove all visible lead paint contaminants from all regulated areas of the property prior to completion of the work.

The ordinance also specifies notification requirements, contents of notice, and requirements for signs. Notification includes notifying bidders for the work of any paint-inspection reports verifying the presence or absence of lead-based paint in the regulated area of the proposed project. Prior to commencement of work, the responsible party must provide written notice to the Director of the DBI of the location of the project; the nature and approximate square footage of the painted surface being

disturbed and/or removed; anticipated job start and completion dates for the work; whether the responsible party has reason to know or presume that lead-based paint is present; whether the building is residential or nonresidential, owner-occupied or rental property, and the approximate number of dwelling units, if any; the dates by which the responsible party has or will fulfill any tenant or adjacent property notification requirements; and the name, address, telephone number, and pager number of the party who will perform the work. (Further notice requirements include Sign When Containment is Required, Notice by Landlord, Required Notice to Tenants, Availability of Pamphlet related to protection from lead in the home, Notice by Contractor, Early Commencement of Work [by Owner, Requested by Tenant], and Notice of Lead Contaminated Dust or Soil, if applicable.) The ordinance contains provisions regarding inspection and sampling for compliance by DBI, and enforcement, and describes penalties for non-compliance with the requirements of the ordinance. These regulations and procedures of the San Francisco Building Code would ensure that potential impacts of demolition, due to lead-based paint, would be reduced to a less-than-significant level.

E1(c) Other Hazardous Building Materials

The proposed project includes demolition of structures that may contain PCBs and mercury. Inadvertent release of such materials could expose construction workers, occupants, or visitors to these substances, which could result in various adverse health effects if exposure were of sufficient quantity. Although abatement programs similar to those described for asbestos and lead-based paint have not been adopted for PCB and mercury testing and cleanup, items containing PCBs and mercury that are intended for disposal must be managed as hazardous waste and must be handled in accordance with OSHA worker protection requirements. Nonetheless, potential impacts associated with PCBs and mercury in structures would be considered potentially significant.

Hazardous building materials sampling and abatement, as described in **Section 4.0, Mitigation Measures**, would reduce potential impacts associated with PCBs and mercury in structures to a less-than-significant level.

E2. Hazardous Materials Use and Storage

It is likely that, under the proposed project, the same types and amounts of hazardous materials as those under existing operations would be used and stored onsite. Since most of the existing buildings would be demolished, and the remaining buildings, or portions of buildings, would be renovated, the areas where hazardous materials are stored would change. New storage areas would be constructed in accordance with current laws and regulations, which would require that hazardous materials be stored in such a manner as to minimize their exposure to people or the environment. The use of hazardous materials at the complex would be regulated under the authority of the San Francisco Department of Public Health, Hazardous Materials Unified Program Agency under a Compliance Certificate. The Department of Public Health would conduct periodic inspections to ensure that hazardous materials are being used and

stored properly. Therefore, hazardous materials use and storage impacts from the project would be less than significant.

E3. Medical and Hazardous Waste Generation and Storage

The same amounts and types of hazardous wastes that are presently generated onsite would continue to be generated under the proposed project. The location of the storage areas would likely change. New storage areas would be constructed in accordance with current laws and regulations, which would require that hazardous wastes be stored in such a manner as to minimize their exposure to people or the environment. The generation and storage of hazardous wastes at the complex would be regulated under the authority of the San Francisco Department of Public Health, Hazardous Materials Unified Program Agency under a Compliance Certificate. The Department of Public Health would conduct periodic inspections to ensure that hazardous wastes are being stored properly and are not kept onsite for more than 90 days. Therefore, hazardous waste generation and storage impacts from the project would be less than significant.

E4. Soil and Groundwater Contamination

It is anticipated that the deepest cut made during site grading would be approximately 10 to 15 feet below ground surface. Holes would be drilled to a depth of approximately 25 feet for piers in some places for foundation support. Since groundwater occurs on the site at depths between 30 to 40 feet below ground surface, it is unlikely that groundwater would be encountered during site grading activities.

Under the proposed project, approximately 11,000 cubic yards of soil would be excavated and spread onsite. Proposed site development activities could result in disturbance of areas of suspected soil contamination. There is also a possibility of encountering contamination in areas not previously suspected to be contaminated. Disturbance of contaminated areas could expose construction workers, employees, residents, or visitors to these substances, which could result in adverse health effects if exposure were of sufficient quantities. Suspected areas of soil contamination are those areas where the two outside incinerators and the former USTs were located. One of the former incinerators was located to the east of the proposed Link Building and south of the proposed childcare playground. The other outdoor incinerator was located to the east of the proposed new Clarendon Hill East Building. Most of the former USTs were located between the proposed new Link Building, the proposed new greenhouse, and the childcare playground. The presently used USTs are also in this vicinity of the project site. The potential to encounter contaminated soil during site grading and exposing construction worker and other people to contaminants is considered a significant impact. Mitigation measures are recommended in **Section 4.0, Mitigation Measures** that would reduce this impact to a less-than-significant level.

Site remediation measures in themselves could have impacts. During site remediation, workers, and possible the public, could be exposed to chemical compounds in the soil, soil gases, or groundwater. The

public and the environment could be exposed to airborne chemical compounds migrating from a site under remediation. Accidents during transportation of contaminated soils and/or groundwater could lead to exposure of the public and the environment to the chemical compounds. Potential impacts of remediation would be mitigated, in part, by legally required safety and hazardous waste handling and transportation precautions. These measures, along with application of clean-up standards, would serve to protect human health and the environment during site remediation, thus minimizing remediation impacts to below a significant level.

F. CUMULATIVE IMPACTS

The proposed project would result in potentially significant impacts associated with hazardous building materials and soil and groundwater contamination. The geographic extent of these impacts would be limited to the project site. The proposed project, therefore, could not potentially contribute to cumulative hazards impacts that may occur beyond the project boundary. Furthermore, there are no past, present, or reasonably foreseeable future projects in the project vicinity that are anticipated to result in impacts associated with hazardous building materials or soil and groundwater contamination that could affect the project site. For these reasons, the proposed project would not contribute to a significant cumulative impact associated with hazards.

4.0 MITIGATION MEASURES

Pursuant to CEQA, for each significant impact identified in the EIR, the EIR must discuss feasible measures to avoid or substantially reduce the project's significant environmental effects. All of the measures discussed in this EIR have been adopted by the project sponsor and, therefore, are proposed as part of the project. Implementation of some measures may be the responsibility of public agencies. Below is a list of mitigation measures identified in this EIR or in the Initial Study as necessary to mitigate significant environmental effects. Mitigation measures would reduce but not eliminate significant construction noise and architectural resources impacts. Mitigation measures identified in this EIR and in the Initial Study would be required by decision-makers as conditions of project approval unless they are demonstrated to be infeasible based on substantial evidence in the record.

A. VISUAL QUALITY (SECTION 3.3 OF THE EIR)

The project sponsor has agreed to include the following mitigation measures as part of the proposed project.

1. Site Landscaping. The project-landscaping contractor shall plant trees and/or other screening landscaping east of the proposed Link Building. Trees planted in this area would screen views of the lower portion of the new Link Building seen from Twin Peaks Park. The planting shall occur during landscaping of the area east of the Link Building, and prior to final project completion. The trees to be planted shall be shown on the final project landscaping plans, to be completed concurrent with the Link Building building permit.

2. Roofing Design and Color Treatment. The project's architect shall utilize a roof design that is suitable for highly visible conditions and compliments the clay tile roof used on the existing Main Hospital Building. The architect shall also use color to reduce the apparent visual scale of the new buildings. These features of the project design shall be included in the final project plans to be completed prior to issuance of the building permit.

3. Link Building Massing. The project's architect shall avoid a single monolithic building mass for the east side of the Link Building by expressing the building's programmed volumes as several distinct elements. These features of the project design shall be included in the final project plans to be completed prior to issuance of the building permit.

4. Link Building Landscape Features. The project's architect shall design open terraces on the east side of the Link Building to include trees in containers or other landscaping to soften and screen the building's profile. These features of the project design shall be included in the final project plans to be completed prior to issuance of the building permit.

The above measures would help to soften the appearance of the proposed structures and would lessen the prominence of the buildings as seen from Twin Peaks Park. Trees planted along the Link Building

would help screen the proposed building as seen from Twin Peaks Park. In addition, the roof tops of the existing Main Hospital Building, Clarendon Hall, and bridge structure match and blend in with the character of the surrounding neighborhoods as seen from off site views. Implementation of the above mitigation measures would reduce significant impacts related to scenic view impairment to a less-than-significant level.

B. CONSTRUCTION NOISE (SECTION 3.4 OF THE EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

The construction contractor shall be required to implement noise control techniques to minimize disturbance to adjacent hospital and residential receptors during project construction. Specific noise control measures shall include the following:

1. Although the Noise Ordinance noise limit for construction equipment is 80 dBA at 100 feet, construction equipment shall not generate noise levels above the mitigated levels listed in **Table 3.4-2** (75 to 80 dBA at 50 feet) to minimize noise impacts on hospital and nearby residential receptors. As indicated in **Table 3.4-2**, such levels are achievable if feasible noise controls are implemented. Feasible noise controls include improved mufflers, equipment redesign, use of intake silencers, ducts, engine enclosures, and acoustically-attenuating shields or shrouds.

2. Equipment used for project construction shall be hydraulically or electrically powered impact tools (e.g., jack hammers and pavement breakers,) wherever possible to avoid noise associated with compressed air exhaust from pneumatically-powered tools. However, where use of pneumatically-powered tools is unavoidable, an exhaust muffler on the compressed air exhaust shall be used; this muffler could lower noise levels from the exhaust by up to about 10 dBA. External jackets on the tools themselves should be used where feasible, and this could achieve a reduction of 5 dBA. Quieter procedures shall be used such as drilling rather than impact equipment whenever feasible.

3. Stationary noise sources shall be located as far from existing sensitive receptors as possible, particularly hospital patient rooms, residences on Dellbrook Avenue, and the senior living facility. To the extent feasible, concrete crushers shall be located so that existing buildings block noise for adjacent receptors. Portable sound blankets shall be used wherever feasible to reduce noise generated by concrete crushers at hospital patient rooms, residences on Dellbrook Avenue, and the senior living facility. Such blankets can provide up to a 10-dBA noise reduction.

4. If stationary sources must be located near existing receptors, they shall be adequately muffled and enclosed within temporary sheds.

5. During construction of new buildings, the exterior facades facing existing hospital sensitive receptors or the Dellbrook Avenue neighborhood shall be enclosed as early in the construction process as feasible. During demolition, exterior facades located closest to existing adjacent hospital and residential receptors (primarily the hospital buildings patient rooms, senior living facility, and

Dellbrook Avenue neighborhood) shall be retained as long as feasible to maximize noise-shielding effects.

6. During all construction phases, there shall be close coordination between construction staff and hospital staff. Hospital staff shall be made aware of the construction schedule and activities. Because a limited number of patients do react unpredictably to disorienting sensory cues (e.g., auditory, visual, olfactory, etc.), their exposure to such stimuli should be minimized. In a managed care environment, the caregivers are generally well aware of which patients are likely to experience a possibly adverse response. To the extent feasible, patients shall be moved to rooms away from construction activities during the noisier construction phases. Alternatively, the hospital shall make ear mufflers available to patients disturbed by construction noise. Portable fans shall be made available to provide interior air circulation and allow windows to remain closed. Construction contractors shall be made aware of the need to accomplish a given task with a minimum of extraneous noise or other disturbances while working in proximity to existing hospital patient rooms.

7. During all construction phases, locations of access roads, delivery routes, and loading docks shall be selected to minimize exposure to adjacent residential receptors as well as on-site hospital patient receptors, using existing building facades to provide maximum shielding for these receptors.

8. A designated complaint coordinator shall be responsible for responding to noise complaints during the construction phase. The name and phone number of the complaint coordinator shall be conspicuously posted at construction areas and on all advanced notifications. This person shall maintain a log of complaints received and take steps to resolve complaints, including periodic noise monitoring, if necessary, to ensure that significance thresholds are not exceeded by project construction activities.

As indicated in **Tables 4.0-1** through **4.0-6**, implementation of feasible noise controls as described in Mitigation Measure 1 above would reduce construction-related noise increases (increases in daytime ambient noise levels would be less than 5 dBA) at all identified sensitive receptors except residences on Dellbrook Avenue, the senior living facility (during Phase Three-B only), and hospital resident rooms. Mitigation Measure 1 would also reduce construction noise levels to below the City's Noise Ordinance 80-dBA noise limit (at 100 feet). Implementation of the additional Mitigation Measures 2 through 8 would reduce the adverse effects of construction noise on sensitive receptors, particularly the Dellbrook Avenue, senior living facility, and hospital receptors, by reducing construction noise levels to below the 80-dBA speech interference criterion. As indicated in **Tables 4.0-1** through **4.0-6**, implementation of the above measures would mitigate noise impacts on identified off-site residential receptors to a less-than-significant level. The 45-dBA criterion could not be met during a portion of construction Phases One and Two at hospital receptors, however. Also, the use of impact equipment during construction Phase Three-A would not be mitigated to a less-than-significant level. Therefore, construction noise impacts on hospital receptors cannot be mitigated to a less-than-significant level and would remain significant and unavoidable during portions of Phases One, Two, and Phase Three-A.

Table 4.0-1
Maximum Construction Noise Levels at Closest Residential Receptors on Dellbrook Avenue with and without Noise Controls

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?
Residents on Dellbrook (Closest Residential Receptors at 350 Feet to the East)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	350	-17	68	54	Yes	80	No	-10	58	Yes	No
			85	80 (5)	-4	81	54	Yes	80	Yes	-10	71	Yes	No
		Trucks	91	350	-17	74	54	Yes	80	No	-16	58	Yes	No
		Materials Handling	85	540	-21	64	54	Yes	80	No	-10	54	No	No
		Stationary Equipment	81	350	-17	64	54	Yes	80	No	-6	58	Yes	No
		Impact Equipment	88	350	-17	71	54	Yes	80	No	-8	63	Yes	No
Residents on Dellbrook (Closest Residential Receptors at 300 Feet to the East)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	300	-16	69	54	Yes	80	No	-10	59	Yes	No
		Trucks	91	250	-14	77	54	Yes	80	No	-16	61	Yes	No
		Materials Handling	85	300	-16	69	54	Yes	80	No	-10	59	Yes	No
		Stationary Equipment	81	300	-16	65	54	Yes	80	No	-6	59	Yes	No
		Impact Equipment	88	300	-16	72	54	Yes	80	No	-8	64	Yes	No
Residents on Dellbrook (Closest Residential Receptors at 750 Feet to the East)	*Phase Three-A (E-F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	750	-24	61	54	Yes	80	No	-10	51	No	No
		Trucks	91	750	-24	67	54	Yes	80	No	-16	51	No	No
		Materials Handling	85	750	-24	61	54	Yes	80	No	-10	51	No	No
		Stationary Equipment	81	750	-24	57	54	Yes	80	No	-6	51	No	No
		Impact Equipment	88	750	-24	64	54	Yes	80	No	-8	56	No	No
Residents on Dellbrook (Closest Residential Receptors at 250 Feet to the East)	*Phase Three-B (G-H)* Demolish Existing Hospital Wings, Construct Parking Lots	Earthmoving Equipment	85	475	-20	65	54	Yes	80	No	-10	55	No	No
		Pavers	89	475	-20	69	54	Yes	80	No	-9	60	Yes	No
		Trucks	91	475	-20	71	54	Yes	80	No	-16	55	No	No
		Materials Handling	85	475	-20	65	54	Yes	80	No	-10	55	No	No
	Later Phase Construct Assisted Living Facility	Stationary Equipment	81	475	-20	61	54	Yes	80	No	-6	55	No	No
		Impact Equipment	88	475	-20	68	54	Yes	80	No	-8	60	Yes	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.
(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.
(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.
(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.
(5) This distance is specifically listed to differentiate noise impacts from construction of the interim electrical facility, new fueling station, and new satellite dish, which would be located closer to this receptor than other facilities under Phase 1.

Table 4.0-2
Maximum Construction Noise Levels at Closest Residential Receptors on Clarendon Avenue/Olympia Way with and without Noise Controls

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?
Residents on Clarendon/ Olympia (Closest Residential Receptors at 480 Feet to the North)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	480	-20	-6	59	67	No	80	No	-10	49	No	No
		Trucks	91	480	-20	-6	65	67	No	80	No	-16	49	No	No
		Materials Handling	85	600	-22	-6	57	67	No	80	No	-10	47	No	No
		Stationary Equipment	81	480	-20	-6	55	67	No	80	No	-6	49	No	No
		Impact Equipment	88	480	-20	-6	62	67	No	80	No	-8	54	No	No
Residents on Clarendon/ Olympia (Closest Residential Receptors at 240 Feet to the North)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	240	-14	0	71	67	**Yes**	80	No	-10	61	No	No
		Trucks	91	200	-12	0	79	67	**Yes**	80	No	-16	63	No	No
		Materials Handling	85	240	-14	0	71	67	**Yes**	80	No	-10	61	No	No
		Stationary Equipment	81	240	-14	0	67	67	No	80	No	-6	61	No	No
		Impact Equipment	86	240	-14	0	72	67	**Yes**	80	No	-8	64	No	No
Residents on Clarendon/ Olympia (Closest Residential Receptors at 400 Feet to the North)	*Phase Three-A (E-F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	400	-18	0	67	67	No	80	No	-10	57	No	No
		Trucks	91	400	-18	0	73	67	**Yes**	80	No	-16	57	No	No
		Materials Handling	85	550	-21	0	64	67	No	80	No	-10	54	No	No
		Stationary Equipment	81	400	-18	0	63	67	No	80	No	-6	57	No	No
		Impact Equipment	86	400	-18	0	68	67	No	80	No	-8	60	No	No
Residents on Clarendon/ Olympia (Closest Residential Receptors at 1000 Feet to the North)	*Phase Three-B (G-H)* Demolish Existing Hospital Wings, Construct Parking Lots *Later Phase* Construct Assisted Living Facility	Earthmoving Equipment	85	1000	-26	-6	53	67	No	80	No	-10	43	No	No
		Pavers	89	1000	-26	-6	57	67	No	80	No	-9	48	No	No
		Trucks	91	1000	-26	-6	59	67	No	80	No	-16	43	No	No
		Materials Handling	85	1000	-26	-6	53	67	No	80	No	-10	43	No	No
		Stationary Equipment	81	1000	-26	-6	49	67	No	80	No	-6	43	No	No
		Impact Equipment	86	1000	-26	-6	54	67	No	80	No	-8	46	No	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.
(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.
(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.
(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

Table 4.0-3
Maximum Construction Noise Levels at Closest Residential Receptors Across Woodside Avenue (South Side) with and without Noise Controls

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?
Residents Across Woodside (Closest Residential Receptors at 770 Feet to the South)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	770	-24	-6	55	73	No	80	No	-10	63	No	No
		Trucks	91	770	-24	-6	61	73	No	80	No	-16	57	No	No
		Materials Handling	85	770	-24	-6	55	73	No	80	No	-10	63	No	No
		Stationary Equipment	81	770	-24	-6	51	73	No	80	No	-6	67	No	No
		Impact Equipment	88	770	-24	-6	58	73	No	80	No	-8	65	No	No
Residents Across Woodside (Closest Residential Receptors at 640 Feet to the South)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	640	-22	-6	57	73	No	80	No	-10	63	No	No
		Trucks	91	640	-22	-6	63	73	No	80	No	-16	57	No	No
		Materials Handling	85	640	-22	-6	57	73	No	80	No	-10	63	No	No
		Stationary Equipment	81	640	-22	-6	53	73	No	80	No	-6	67	No	No
		Impact Equipment	88	640	-22	-6	60	73	No	80	No	-8	65	No	No
Residents Across Woodside (Closest Residential Receptors at 1020 Feet to the South)	*Phase Three-A (E-F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	1020	-26	-6	53	73	No	80	No	-10	63	No	No
		Trucks	91	1020	-26	-6	59	73	No	80	No	-16	57	No	No
		Materials Handling	85	1020	-26	-6	53	73	No	80	No	-10	63	No	No
		Stationary Equipment	81	1020	-26	-6	49	73	No	80	No	-6	67	No	No
		Impact Equipment	88	1020	-26	-6	56	73	No	80	No	-8	65	No	No
Residents Across Woodside (Closest Residential Receptors at 280 Feet to the South)	*Phase Three-B (G-H)* Demolish Existing Hospital Wings, Construct Parking Lots *Later Phase* Construct Assisted Living Facility	Earthmoving Equipment	85	280	-15	0	70	73	No	80	No	-10	63	No	No
		Pavers	89	280	-15	0	74	73	No	80	No	-9	64	No	No
		Trucks	91	280	-15	0	76	73	No	80	No	-16	57	No	No
		Materials Handling	85	280	-15	0	70	73	No	80	No	-10	63	No	No
		Stationary Equipment	81	280	-15	0	66	73	No	80	No	-6	67	No	No
		Impact Equipment	88	280	-15	0	73	73	No	80	No	-8	65	No	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.
(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.
(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.
(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

Table 4.0-4

Maximum Construction Noise Levels at Closest Residential Receptors at Senior Living Facility North of Woodside Avenue with and without Noise Controls

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 600 Feet to the South)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	600	-22	-6	57	67	No	80	No	-10	47	No	No
		Trucks	91	600	-22	-6	63	67	No	80	No	-16	47	No	No
		Materials Handling	85	600	-22	-6	57	67	No	80	No	-10	47	No	No
		Stationary Equipment	81	600	-22	-6	53	67	No	80	No	-6	47	No	No
		Impact Equipment	88	600	-22	-6	60	67	No	80	No	-8	52	No	No
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 540 Feet to the South)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	540	-21	-6	58	67	No	80	No	-10	48	No	No
		Trucks	91	540	-21	-6	64	67	No	80	No	-16	48	No	No
		Materials Handling	85	540	-21	-6	58	67	No	80	No	-10	48	No	No
		Stationary Equipment	81	540	-21	-6	54	67	No	80	No	-6	48	No	No
		Impact Equipment	88	540	-21	-6	61	67	No	80	No	-8	53	No	No
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 1120 Feet to the South)	*Phase Three-A (E-F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	1120	-27	-6	52	67	No	80	No	-10	42	No	No
		Trucks	91	1120	-27	-6	58	67	No	80	No	-16	42	No	No
		Materials Handling	85	1120	-27	-6	52	67	No	80	No	-10	42	No	No
		Stationary Equipment	81	1120	-27	-6	48	67	No	80	No	-6	42	No	No
		Impact Equipment	88	1120	-27	-6	55	67	No	80	No	-8	47	No	No
Residents in Sr Housing North of Woodside (Closest Residential Receptors at 600 Feet to the South)	*Phase Three-B (G-H)* Demolish Exlsting Hospital Wings, Construct Parking Lots	Earthmoving Equipment	85	110	-7	0	78	67	Yes	80	No	-10	68	No	No
		Pavers	89	110	-7	0	82	67	Yes	80	Yes	-9	73	Yes	No
		Trucks	91	110	-7	0	84	67	Yes	80	Yes	-16	68	No	No
		Materials Handling	85	240	-14	0	71	67	Yes	80	No	-10	61	No	No
	Later Phase Construct Assisted Living Facility	Stationary Equipment	81	110	-7	0	74	67	Yes	80	No	-6	68	No	No
		Impact Equipment	88	110	-7	0	81	67	Yes	80	Yes	-8	73	Yes	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

Table 4.0-5
Maximum Construction Noise Levels at Closest Residential Receptors Across Laguna Honda/Dewey Boulevards with and without Noise Contols

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 825 Feet to the West)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	825	-24	0	61	73	No	80	No	-10	51	No	No
		Trucks	91	825	-24	0	67	73	No	80	No	-16	51	No	No
		Materials Handling	85	825	-24	0	61	73	No	80	No	-10	51	No	No
		Stationary Equipment	81	825	-24	0	57	73	No	80	No	-6	51	No	No
		Impact Equipment	88	825	-24	0	64	73	No	80	No	-8	56	No	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 700 Feet to the West)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	700	-23	0	62	73	No	80	No	-10	52	No	No
		Trucks	91	700	-23	0	68	73	No	80	No	-16	52	No	No
		Materials Handling	85	700	-23	0	62	73	No	80	No	-10	52	No	No
		Stationary Equipment	81	700	-23	0	58	73	No	80	No	-6	52	No	No
		Impact Equipment	88	700	-23	0	65	73	No	80	No	-8	57	No	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 550 Feet to the West)	*Phase Three-A (E-F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	550	-21	0	64	73	No	80	No	-10	54	No	No
		Trucks	91	550	-21	0	70	73	No	80	No	-16	54	No	No
		Materials Handling	85	550	-21	0	64	73	No	80	No	-10	54	No	No
		Stationary Equipment	81	550	-21	0	60	73	No	80	No	-6	54	No	No
		Impact Equipment	88	550	-21	0	67	73	No	80	No	-8	59	No	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 950 Feet to the West)	*Phase Three-B (G-H)* Demolish Existing Hospital Wings, Construct Parking Lots *Later Phase* Construct Assisted Living Facility	Earthmoving Equipment	85	950	-26	-6	53	73	No	80	No	-10	43	No	No
		Pavers	89	950	-26	-6	57	73	No	80	No	-9	48	No	No
		Trucks	91	950	-26	-6	59	73	No	80	No	-16	43	No	No
		Materials Handling	85	950	-26	-6	53	73	No	80	No	-10	43	No	No
		Stationary Equipment	81	950	-26	-6	49	73	No	80	No	-6	43	No	No
		Impact Equipment	88	950	-26	-6	56	73	No	80	No	-8	48	No	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.
(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.
(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.
(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

Table 4.0-6
Maximum Construction Noise Levels at Closest Hospital Resident Receptors with and without Noise Contols

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?	Interior 45-dBA Hospital Criterion (5)	Mitigated Leq Exceeds 45-dBA Hospital Criterion?
Hospital Patients in Main Hospital Buildings (Closest Rooms at 60 Feet to the South)	*Phase One (A-C)* Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	60	-2	83	54	Yes	80	Yes	-10	73	Yes	No	65	Yes
		Trucks	91	60	-2	89	54	Yes	80	Yes	-16	73	Yes	No	65	Yes
		Materials Handling	85	60	-2	83	54	Yes	80	Yes	-10	73	Yes	No	65	Yes
		Stationary Equipment	81	60	-2	79	54	Yes	80	No	-6	73	Yes	No	65	Yes
		Impact Equipment	88	60	-2	86	54	Yes	80	Yes	-8	78	Yes	No	65	Yes
Hospital Patients in Main Hospital & Clarendon Hall Buildings (Closest Rooms at 60 Feet to the South & West)	*Phase Two (D)* Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	60	-2	83	54	Yes	80	Yes	-10	73	Yes	No	65	Yes
		Trucks	91	60	-2	89	54	Yes	80	Yes	-16	73	Yes	No	65	Yes
		Materials Handling	85	60	-2	83	54	Yes	80	Yes	-10	73	Yes	No	65	Yes
		Stationary Equipment	81	60	-2	79	54	Yes	80	No	-6	73	Yes	No	65	Yes
		Impact Equipment	88	60	-2	86	54	Yes	80	Yes	-8	78	Yes	No	65	Yes
Hospital Patients in Clarendon Hill East Building (Closest Rooms at 60 Feet to the East)	*Phase Three-A (E-F)* Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	135	-9	76	54	Yes	80	No	-10	66	Yes	No	70	No
		Trucks	91	135	-9	82	54	Yes	80	Yes	-16	66	Yes	No	70	No
		Materials Handling	85	135	-9	76	54	Yes	80	No	-10	66	Yes	No	70	No
		Stationary Equipment	81	135	-9	72	54	Yes	80	No	-6	66	Yes	No	70	No
		Impact Equipment	88	135	-9	79	54	Yes	80	No	-8	71	Yes	No	70	Yes
Hospital Patients in Greenhouse Building (Closest Rooms at 60 Feet to the North)	*Phase Three-B (G-H)* Demolish Existing Hospital Wings, Construct Parking Lots *Later Phase* Construct Assisted Living Facility	Earthmoving Equipment	85	300	-16	69	54	Yes	80	No	-10	59	Yes	No	70	No
		Pavers	89	300	-16	73	54	Yes	80	No	-9	64	Yes	No	70	No
		Trucks	91	300	-16	75	54	Yes	80	No	-16	59	Yes	No	70	No
		Materials Handling	85	300	-16	69	54	Yes	80	No	-10	59	Yes	No	70	No
		Stationary Equipment	81	300	-16	65	54	Yes	80	No	-6	59	Yes	No	70	No
		Impact Equipment	88	300	-16	72	54	Yes	80	No	-8	64	Yes	No	70	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

(5) The 45-dBA interior standard for hospitals is converted to an exterior standard of 65 dBA (daytime Leq) by adding 20 dBA to acccount for attenuation provided by closed windows. However, a 25-dBA reduction is assumed for closed windows in the new hospital buildings since newer window construction provides more attenuation.

C. HISTORIC ARCHITECTURAL RESOURCES (SECTION 3.5 OF THE EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

There are few, if any measures that can mitigate the loss of this significant group of buildings to a less-than-significant level. It is not possible, under CEQA, to mitigate the loss of a resource significant for its historic association and architecture with photographic documentation, original architectural plans, or salvaged materials. Therefore, impacts related to the partial demolition of the Main Hospital Building and complete demolition of Clarendon Hall, bridge building, garage, laundry, boiler house, farm building and greenhouse would remain significant and unavoidable.

1. Prior to demolition, the project sponsor shall provide adequate documentation of the existing hospital complex. The documentation shall be submitted to the City and County of San Francisco Planning Department and found to be adequate prior to authorization of any permit that may be required for demolition of the buildings. In addition, the project sponsor shall prepare and transmit the photographs and descriptions of the property to the History Room of the San Francisco Public Library and the Northwest Information Center of the California Historic Information Resource System. The documentation shall include:

   (i) A video documentary of the property.

   (ii) Photo-documentation of the property to Historic American Building Survey Standards. The standard size of negatives and transparencies (and accompanying prints) are 5-by-7 inches. Other large-format sizes such as 4-by-5 inches and 8-by-10 inches are also acceptable for formal documentation. Roll film, film packs and electronic manipulation of images are not acceptable.

   Images must be fully identified with the name and location of the structure, a description of the feature or view being photographed and the direction in which the photograph was taken, as well as the name of the photographer and the date created.

   (iii) Black and white, 35 millimeter photographs of the hospital and grounds. Negatives and 5-by-7 inch prints should be processed to meet archival requirements (i.e., negatives must be on safety film only; resin-coated paper is not accepted). Photographs would include, but not be limited to, the following: exterior elevations of each building; interior spaces, including lobbies, common rooms, representative patient rooms, and recreation rooms; surrounding landscaping, including historic retaining walls and courtyards; any plant materials proposed for removal; and views of the hospital grounds from public streets.

   (iv) An on-site display interpreting the hospital's history.

   (v) The available original plans of the hospital buildings shall be included as part of the documentation. All drawings and site plans shall be appropriately conserved at the site or at a qualified repository.

2. Prior to demolition, the project sponsor shall salvage the character-defining elements of the existing buildings that are considered to be historically significant, as determined by a qualified architectural historian, (and can feasibly be salvaged) and shall seek to donate those elements to an organization such as a local historical society. The features to be salvaged shall be determined by the City

following consultation with a qualified historic resources firm. Features to be salvaged should include primary character-defining features, such as the terra cotta details and coping, windows, doors, hardware, tile roofs, tile work, and skylights. Many of the character-defining features such as the location of the hospital buildings on the site and the relationship of the buildings to the site, cannot be salvaged. Donation of the materials to the historical society or other entity approved by the City shall be confirmed by the City prior to the issuance of demolition permits.

No additional mitigation is feasible for impacts related to demolition of the buildings, due to the limited options available when demolition is proposed. These mitigation measures will not lessen impacts to a less-than-significant level; therefore, impacts to historic architectural resources would remain significant and unavoidable

D. HAZARDS (SECTION 3.6 OF THE EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

1. Prior to any demolition or excavation at the project site, the project sponsor shall conduct surveys to identify any PCB- or mercury-containing materials in existing structures proposed for demolition or renovation. If sampling identifies the presence of such materials, they shall be removed and disposed of at an approved site in accordance with applicable local, state, and federal regulations.

2. The project sponsor shall conduct one or more Phase II Environmental Site Assessments of the project site, as necessary, to ensure that all areas of suspected surface and subsurface contamination subject to ground disturbance during site development activities are sampled. Soil or groundwater samples, or both, would be collected in such areas as directed by the site assessment consultant and based on the conclusions of the Phase I Environmental Site Assessment. Sampling would extend at least to depths proposed for excavation. The samples shall be collected in accessible areas prior to any site development activities, and in areas that are not currently accessible during proposed demolition activities. The samples shall be analyzed to identify and quantify any contamination. These studies shall be completed by a Registered Environmental Assessor (REA) or a similarly qualified individual.

3. If the sampling conducted pursuant to Mitigation Measure 2 identifies surface and/or subsurface contamination in areas subject to ground disturbance, the area shall be remediated in accordance with the standards, regulations, and determinations of local, state, and federal regulatory agencies. The project sponsor shall coordinate with the Department of Public Health and any other applicable regulatory agencies to adopt contaminant-specific remediation target levels. The hazardous substances shall be removed and disposed of at an approved site, or other appropriate actions shall be taken.

4. Prior to conducting any remediation activities a Site Health and Safety Plan would be prepared pursuant to California Division of Occupational Safety and Health (Cal-OSHA) requirements and

National Institute for Occupational Safety and Health guidance to ensure worker safety. Under Cal-OSHA requirements, the Site Health and Safety Plan would need to be prepared prior to initiating any earth-moving activities at the site. The Site Health and Safety Plan shall identify protocols for managing soils during construction to minimize worker and public exposure to contaminated soils. The protocols shall include at a minimum:

(i) Characterization of excavated native soils proposed for use on site prior to placement to confirm that the soil meets appropriate standards.

(ii) The dust controls specified in Air Quality Mitigation Measure 1.

(iii) Protocols for managing stockpiled and excavated soils.

The Site Health and Safety Plan shall identify site access controls to be implemented from the time of surface disruption through the completion of earthwork construction. The protocols shall include at a minimum:

(i) Appropriate site security to prevent unauthorized pedestrian/vehicular entry, such as fencing or other barrier or sufficient height and structural integrity to prevent entry and based upon the degree of control required.

(ii) Posting of "no trespassing" signs.

(iii) Providing on-site meetings with construction workers to inform them about security measures and reporting/contingency procedures.

If groundwater contamination is identified, the Site Health and Safety Plan shall identify protocols for managing groundwater during construction to minimize worker and public exposure to contaminated groundwater. The protocols shall include procedures to prevent unacceptable migration of contamination from defined plumes during dewatering.

The Site Health and Safety Plan shall include a requirement that construction personnel be trained to recognize potential hazards associated with underground features that could contain hazardous substances, previously unidentified contamination, or buried hazardous debris.

The Site Health and Safety Plan shall include procedures for implementing a contingency plan, including appropriate notification and control procedures, in the event unanticipated subsurface hazards are discovered during construction. Control procedures could include, but would not be limited to, further investigation and removal of underground storage tanks or other hazards.

5. Wherever ground-disturbing activities are proposed in areas where the Phase I and/or Phase II Environmental Site Assessment identified the potential presence of underground storage tanks or related piping, the project sponsor shall utilize ground-penetrating radar, magnetic surveys, or other appropriate methods to locate underground storage tanks. If any are identified, the project sponsor shall coordinate with the San Francisco Department of Public Health's Local Oversight Program to determine whether they must be removed or whether they may remain closed in place. These surveys shall be completed by an REA or a similarly qualified individual.

6. All reports and plans prepared in accordance with the above Hazards mitigation measures shall be provided to the San Francisco Department of Public Health and any other appropriate agencies identified by the Department of Public Health. When all hazardous material have been removed from existing buildings, and soil and groundwater analysis and other activities have been completed, as appropriate, the project sponsor shall submit to the San Francisco Planning Department and the Department of Public Health (and any other agencies identified by the Department of Public Health) a report stating that the applicable mitigation measure(s) has (have) been implemented. The report shall describe the steps taken to comply with the mitigation measure(s) and include all verifying documentation. The report shall be certified by an REA or similarly qualified individual who states that all necessary mitigation measures have been implemented, and specifying those mitigation measures that have been implemented.

Implementation of Mitigation Measure 1 would reduce impacts associated with hazardous building materials to a less-than-significant level. Implementation of Mitigation Measures 2 through 6 would reduce impacts associated with soil and groundwater contamination to a less-than-significant level.

E. AIR QUALITY (SECTION III.B.6 OF INITIAL STUDY)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

1. In accordance with the Bay Area Air Quality Management District (BAAQMD) *CEQA Guidelines*, the project sponsor shall require the contractor(s) to spray the site with water during demolition, excavation, and construction activities; spray unpaved construction areas with water at least twice per day; cover stockpiles of soil, sand, and other material; cover trucks hauling debris, soils, sand, or other such material; and sweep surrounding streets during demolition, excavation, and construction at least once per day to reduce particulate emissions. Ordinance 175-91, passed by the Board of Supervisors on May 6, 1991, requires that non-potable water be used for dust control activities. Therefore, the project sponsor shall require that the contractor(s) obtain reclaimed water from the San Francisco Public Utilities Commission Clean Water Program for this purpose. The project sponsor shall require the project contractor(s) to maintain and operate construction equipment so as to minimize exhaust emissions of particulates and other pollutants, by such means as a prohibition on idling motors when equipment is not in use or when trucks are waiting in queues, and implementation of specific maintenance programs to reduce emissions for equipment that would be in frequent use for much of the construction period.

Implementation of the above mitigation measure would reduce construction-related air quality impacts to a less-than-significant level.

F. ARCHAEOLOGICAL RESOURCES (SECTION III.B.13 OF INITIAL STUDY)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

1. The project sponsor shall retain the services of an archaeologist to inspect the exposed terrain following the demolition of existing structures; further assessment of the potential for historic cultural deposits and features can be made at that time. The archaeologist shall be notified a minimum of five days in advance of any demolition or excavation activity in the area.

   If evidence of prehistoric or historic archaeological resources of potential significance were found during any construction excavation or land alteration activities, the archeologist shall immediately notify the Environmental Review Officer, and a professional archaeologist would be consulted. The project sponsor shall halt any activities that the archaeologist and the Environmental Review Officer jointly determine could cause damage to such cultural resources.

   After notifying the Environmental Review Officer, the archaeologist shall prepare a written report to be submitted first and directly to the Environmental Review Officer, with a copy to the project sponsor, which shall contain an assessment of the potential significance of the find and recommendations for what measure should be implemented to minimize potential effects on prehistoric and historic archaeological resources. Based on this report, the Environmental Review Officer would recommend specific additional measures to be implemented by the project sponsor. These additional measures could include a site security program, additional on-site investigations by the archaeologist, or documentation, preservation, and recovery of cultural material.

   Finally, the archaeologist shall prepare a report documenting the cultural resources that were discovered, an evaluation as to their significance, and a description as to how any further archaeological testing, exploration, or recovery program is to be conducted.

   Copies of all draft reports prepared according to this mitigation measure shall be sent first and directly to the Environmental Review Officer for review. Following approval by the Environmental Review Officer, copies of the final reports shall be sent by the archaeologist directly to the President of the Landmarks Preservation Advisory Board and the California Archaeological Site Survey Northwest Information Center. Three copies of the final archaeology reports shall be submitted to the Environmental Review Officer, accompanied by copies of the transmittals documenting its distribution.

Implementation of the above mitigation measure would reduce impacts to archaeological resources to a less-than-significant level.

5.0 OTHER CEQA CONSIDERATIONS

This section provides a discussion of significant environmental effects that cannot be avoided if the project is implemented, significant irreversible environmental changes which would be caused by the proposed project should it be implemented, and growth-inducing impacts per Section 15126.2 of the California Environmental Quality Act (CEQA) Guidelines.

A. SIGNIFICANT ENVIRONMENTAL EFFECTS THAT CANNOT BE AVOIDED IF THE PROJECT IS IMPLEMENTED

In accordance with Section 21100 (b)(2)(A) of the CEQA, and Section 15126.2 (b) of the state CEQA *Guidelines,* the purpose of this section is to identify significant impacts that could not be eliminated or reduced to an insignificant level by implementing mitigation measures included as part of the project or by other mitigation measures that could be implemented, identified in Section 4.0, Mitigation Measures. This section is subject to final determination by the Planning Commission as part of the certification process for the EIR. If necessary, this section will be revised in the Final EIR to reflect the findings of the Planning Commission.

Construction noise levels would periodically exceed hospital interior noise guidelines in hospital rooms located closest to construction activities. Mitigation measures have been agreed to by the project sponsor that would reduce these construction noise impacts. However, even with mitigation these construction noise impacts would remain significant.

The proposed project would result in the partial demolition of the Main Hospital Building and the complete demolition all other hospital buildings: Clarendon Hall, bridge building, garage, laundry, boiler house, and greenhouse. The hospital complex has been formally determined eligible for the National Register of Historic Places as an historic district under Criterion A, contribution to a broad pattern of events, for its association with the development of health care in San Francisco. Additionally, the Main Hospital Building and Clarendon Hall appear to be significant under Criterion C for their association with significant Bay Area architects Newton Tharp and John Reid, Jr.

There are few, if any, measures that would mitigate the loss of this significant group of buildings to a less-than-significant level. From the preservation consultant's perspective it is not possible, under CEQA, to mitigate the loss of a resource significant for its historic association and architecture with photographic documentation, original architectural plans, or salvaged materials. Therefore, impacts related to the partial demolition of the Main Hospital Building and complete demolition of Clarendon

Hall, bridge building, garage, laundry, boiler house, and greenhouse would remain significant and unavoidable.

B. SIGNIFICANT IRREVERSIBLE ENVIRONMENTAL CHANGES THAT WOULD BE INVOLVED IN THE PROPOSED PROJECT SHOULD IT BE IMPLEMENTED

In accordance with Section 21100 (b)(2)(B) of the CEQA, and Section 15126.2 (c) of the state CEQA *Guidelines*, the purpose of this section is to discuss any significant irreversible environmental effects or changes that could occur if the proposed project were implemented. Such effects would be in the area of historic architectural resources, as discussed above in **Subsection A., Significant Environmental Effects**.

The project would also result in an irreversible commitment of energy resources, primarily in the form of fossil fuels, including fuel oil, natural gas, and gasoline, or diesel fuel for construction equipment and automobiles, and during construction and ongoing use of the site. The project would meet current state and local codes pertaining to energy consumption, including Title 24 of the California Code of Regulations. As such, the project would not result in a wasteful use of energy. The consumption or destruction of other non-renewable or slowly renewable resources would also result during construction, occupancy, and use of the site. The project would also irreversibly use water, communication, and other public utilities. However, since the project involves constructing new buildings with modern utility systems, and renovating old buildings and updating their utility systems, it would not involve a large commitment of those resources relative to supply, nor would it consume any of those resources wastefully or in an unnecessary manner.

C. GROWTH-INDUCING IMPACTS

CEQA *Guidelines* Section 15126.2(d) requires that an EIR evaluate the growth-inducing impacts of a proposed project. A growth-inducing impact is defined as "the way in which a proposed project could foster economic or population growth, or the construction of additional housing, either directly or indirectly in the surrounding environment." The environmental effects of this growth are considered to be secondary or indirect impacts of the project.

Various factors determine and influence population growth and development in an area. These factors include plans and policies of local communities, counties, special districts, and regional agencies; availability of services such as domestic water, wastewater treatment and disposal, fire protection, and public schools; transportation system capacity; the inventory of developable land; land costs; employment trends; and other economic considerations. Any one of these factors could represent a major,

or even singular, constraint to development. The removal of an obstacle to future growth has growth-inducing potential and is considered a growth-inducing impact.

The proposed project consists of renovation some existing buildings, demolishing some existing buildings, and replacing some buildings at the existing Laguna Honda hospital site. The number of patients to be cared for at the proposed hospital would remain the same. The proposed project would result in a total increase of 66 full-time and full-time equivalent employees at the hospital campus.

The proposed project would not add a significant number of employees to San Francisco's economy. The project would rehabilitate existing facilities and replace older facilities on the existing Laguna Honda hospital campus. The campus would not be expanded and would not require expansion of the municipal infrastructure. As such, the project would not induce growth within the City and County of San Francisco.

6.0 ALTERNATIVES TO THE PROPOSED PROJECT

To promote an understanding of ways to avoid or lessen the significant impacts of a project, the CEQA Guidelines *require a discussion of alternatives to a project as proposed. A range of reasonable alternatives to a project, or the location of a project, that could feasibly attain most of the basic objectives of a project need to be considered. The discussion should focus on those alternatives that would avoid or substantially lessen significant impacts of the project and provide a comparison of the merits of each alternative. The comparison of alternatives needs to provide sufficient information about each alternative to allow for meaningful evaluation, analysis, and comparison with the proposed project.*

A. ALTERNATIVES CONSIDERED

The CEQA *Guidelines* state that an EIR should briefly describe the rationale for selecting the alternatives discussed. Additionally, any alternatives that were previously considered, but dropped from further consideration, are to be identified in this discussion.

With regard to the feasibility of alternatives and alternative sites, the CEQA *Guidelines* allow consideration of a wide variety of factors including economic viability, site suitability, availability of infrastructure, general plan consistency, other plans or regulatory limitations, jurisdictional boundaries, and whether an applicant can reasonably acquire or have access to an alternative site.

A requirement of the CEQA *Guidelines* is an analysis of the "No Project" alternative. This discussion is to reflect the existing conditions and what could occur in the future given existing land use regulations and the capacities of existing infrastructure and service systems.

A1. Alternatives Considered But Not Brought Forward for Detailed Analysis

In 1994, the City and County of San Francisco Department of Public Health prepared an *Institutional Master Plan* for Laguna Honda hospital. The plan was the final component in the Facility Master Planning effort begun in 1988. This planning effort recognized the need to replace Laguna Honda hospital with structures that meet current standards for functionality and operating efficiency to continue the City's policy of providing high-quality long-term care into the 21st Century. It was also recognized that serious physical deficiencies at the facility put the hospital at risk of losing federal

and state reimbursements, which could lead to closure of the facility. The intent of the study was to identify the most appropriate long-term master facility plan for Laguna Honda hospital.

The planning team studied a full spectrum of options, from renovation without any new construction to completely new construction on a different site (or sites). They found no alternative location that offered the advantages of the existing site as determined by geographic location, ease of access by public transportation, and established and accepted presence. None of the alternative sites that were examined met all of the hospital's needs, including that for space.

Once it was decided that the existing site would be used, alternatives were evaluated on the basis of several factors including project cost, operational efficiency, disruption to operations, constructibility, capability for expansion, traffic and circulation, and potential impacts to the neighborhood and citywide amenities. The study culminated in the identification and evaluation of three alternatives that responded to the need to reconstruct or replace existing facilities.

Alternative A involved retaining the existing hospital and renovating the entire facility. Some new space would be added to meet projected needs. An initial addition would be constructed to allow two wings of the existing hospital to be vacated so the renovation could begin. Subsequent phases of infill construction were proposed between the wings to create adequately sized nursing units. All existing buildings would be seismically retrofitted as well as renovated. Because of the sequential nature of the renovation, the construction period was projected to be 11-1/2 years. Alternative A was estimated to be the most costly of the alternatives for a variety of reasons. The evaluation concluded that this was the least desirable of the alternatives because of the:

- greater construction cost;
- extended construction period;
- prospect of ongoing disruptions to operations during construction; and
- extensive continued operational costs due to the stretched-out, terraced building configurations.

Subsequent analysis of this alternative revealed other difficulties as well. The Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of hospital construction in California, including remodeling and retrofitting existing buildings. OSHPD requires documentation and inspection during construction of compliant buildings. Since construction records are not available for the Main Hospital Building and Clarendon Hall, destructive testing would be

required to verify that the buildings were completed in exact conformance with the blueprints. This requirement makes remodeling the existing buildings for skilled nursing use impractical.

Alternative B would entail almost complete replacement of the existing hospital facilities over four construction phases. However, the following disadvantages were identified for this alternative:

- the replacement hospital would be four stories higher than the existing building, potentially creating significant visual impacts;
- the estimated construction period would be seven and one-half years; and
- construction would be difficult in areas of steep slopes or confined by other structures.

Alternative C was the development alternative recommended by the planning team. Alternative C consisted of a combination of replacing existing structures and renovating a portion of the existing hospital building in three phases of construction. The study concluded that this alternative offered the following advantages:

- lowest construction and project cost;
- shortest construction period (seven years);
- least disruption to ongoing operations during construction;
- best operational efficiency upon completion; and
- best neighborhood compatibility.

The proposed project analyzed in this EIR is a variation of Alternative C that was recommended by the planning team in the *Institutional Master Plan*.

A2. Alternative Location

There is little remaining space available for development in San Francisco given the relatively small size of the City and the existing development density within the City. Four potential off-site locations were examined as possible sites for developing a replacement hospital. These locations are Bayview Hunters Point Shipyard, Treasure Island, Mission Bay, and the Public Health Hospital (located within the Presidio). As discussed below, it was determined that none of these areas are suitable for the proposed project.

A2(a) Bayview Hunters Point Shipyard

This area contains substantial soil and ground water contamination. The shipyard is currently under the control of the U.S. Navy, and the Navy clean-up of the site is projected to take several years. Therefore, it would take longer to develop a new hospital at the shipyard than at the current Laguna Honda hospital site. In addition, this site is under the control of a separate development agreement between the City and County of San Francisco and a consortium of developers. Use of this site would require renegotiation of the development agreement, which is usually a time-consuming process. The Health Care Financing Administration (HCFA) has mandated closure of the existing Laguna Honda hospital unless it is replaced in a timely manner. The additional time required to renegotiate the development agreement and remediate contamination at the site could affect HCFA's willingness to permit Laguna Honda hospital to continue to operate in the interim.

A2(b) Treasure Island

Treasure Island is under the control of the U.S. Navy, although the City and County of San Francisco has plans for its reuse and civilian leasing of the site is beginning. Access to the island is constrained, however, and the land is subject to the Tidelands Trust. There is no remaining space on the island to accommodate a replacement hospital. In addition, Treasure Island is built on fill, which poses substantial design and construction challenges for building a hospital and long-term care facility that meets OSHPD requirements. Also, in case of a major seismic event, vehicular access to the facility could be cut off since it is only accessible by car via the Bay Bridge.

A2(c) Mission Bay

This area, like Treasure Island, is in the process of being developed and the land has been designated for development and other services. The land designated for "Institutional" and "Other Uses" in the Mission Bay Development Plan is assigned to the University of California at San Francisco and their private sector research partners.

A2(d) Presidio Public Health Hospital

This hospital was vacated by the federal government. It does not have adequate space to accommodate a 1,200-bed facility. In addition, the site is located at the northwest corner of Lake Street and Park Presidio and there is no easy transportation to this area. It is under the jurisdiction of the Presidio Trust, which controls development of the site. The existing buildings are not in conformance with

OSHPD requirements for reuse as a hospital or long-term care facility. Studies done for the City and County of San Francisco in the early 1990s indicated that between the cost of seismic strengthening and hazardous material removal, reuse for long-term care was prohibitive. The hospital has also been vandalized, is in need of extensive repairs, and does not comply with seismic safety standards.

A3. Community-based Long-term Care

In 1998, the City and County of San Francisco Department of Public Health examined community-based long-term care as one of the options for replacing Laguna Honda hospital.[1] Many persons who need long-term care can be cared for in their homes or other less institutional settings than a hospital. As part of their review, the Department of Public Health evaluated over 700 of Laguna Honda hospital's highest functioning residents to determine who could be cared for at a less institutional facility than the hospital. The evaluation team included community-based service providers. Out of the 700 hospital residents evaluated, the team determined that less than 100 would be considered candidates for community-based care.

To address the need for more community-based long-term care options, San Francisco has been actively planning a Long-term Care Integration Pilot Project as envisioned by Assembly Bill (AB) 1040, which was signed into law in 1995. The Pilot Project legislation is intended to provide counties with greater flexibility in the design and financing of long-term care services so as to facilitate a greater emphasis on in-home and community-based program models. One limitation to community placements has traditionally been the lack of sufficient state and federal reimbursements for this type of service. Through AB 1040, San Francisco is seeking waivers so that it may be reimbursed for providing care to some Medi-Cal recipients in non-institutional settings.

San Francisco's long-term care integration plan will improve access to home and community-based long-term care services while simultaneously maintaining access to skilled nursing facilities. In 1998, the Department of Public Health created a Housing and Urban Health Unit that master leases residential hotels for individual who are homeless and medically and/or mentally disabled. Within the past three years, three hotels have become operational, one will open in Fall 2001, and two more are due to open in Spring 2002. Services to hotel residents include medical care, mental health counseling, case management, benefits and treatment advocacy, peer counseling, and a range of other supportive services. Currently 250 individuals live in the residential hotel programs, with an additional 140 planned when the remaining facilities come on line early next year.

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1 Mitchell H. Katz, M.D. 1998.

While the AB 1040 planning shows great promise for creating alternatives to institutionalization, it is clear that there will always be a need for skilled nursing facility (SNF) beds. In 1995, San Francisco's use of SNF beds was 33 beds per 1,000 persons over the age of 65. If Laguna Honda hospital is rebuilt at its current size (1,200 beds) and the total number of SNF beds in San Francisco remains the same (3,625), then the City's use of SNF beds will drop to 28 per 1,000 persons over the age of 65 in 2010, and further drop to 20 SNF beds to every 1,000 persons over the age of 65 in 2020. Therefore, while the Department of Public Health has examined the need for, and is pursuing the development of, additional community-based care services, it also recognizes the need to maintain the existing number of SNF beds in San Francisco.

A4. Alternatives Brought Forward for Detailed Analysis

As discussed above, several alternatives were initially developed, one of which retained substantial portions of the existing hospital buildings. However, because state regulatory agencies require not only substantial programmatic changes to essential hospital functions, but also that the buildings housing these essential functions meet a very high level of seismic resistance, it was agreed that rehabilitating the Main Hospital Building and Clarendon Hall to meet these standards would be prohibitively expensive, if not impossible. Therefore, the following general goals for partial preservation alternatives were identified by the Planning Department and the EIR project team to accommodate non-essential hospital functions:

- Maintain either Clarendon Hall or as much of the Main Hospital Building as possible;
- Minimize impact on views to and from the hospital;
- Maintain current site access points;
- Minimize the impact of parking facilities; and
- Preserve the meadow at the western end of Clarendon Valley.

In addition to the "No Project" alternative, two partial preservation alternatives were selected for analysis in this EIR. A description of each alternative follows, along with a comparative analysis of environmental effects and a discussion of the ability of each alternative to meet the project objectives. **Table 6.0-1** provides a summary of the characteristics of the two project alternatives.

Table 6.0-1
Summary Comparison of Alternatives One and Two to Proposed Project

	# Stories	# Beds	Approx. Square Footage
Proposed Project			
Old Main Hospital Building (Wings A, B, C, and H)	3 to 5	0	204,931
New Clarendon Hill West Building	7	420	195,474
New Clarendon Hill East Building	7	420	195,474
New Connector between Clarendon Buildings	2	0	8,144
New Greenhouse Building	5	300	146,976
New Connector between Link Building and Greenhouse Building	2	0	2,032
New Link Building	4	60	138,879
New Assisted Living Facility	4	140	95,000
Total		**1,340**	**986,910**
Alternative One			
Old Main Hospital Building (Wings A, B, C, and H)	3 to 5	0	204,931
Old Clarendon Hall/New Assisted Living Facility	3	140	113,000
New Clarendon Hill East Building	7	630	292,000
New Connector between Clarendon Buildings	2	0	8,144
New Greenhouse Building	6	540	250,000
New Connector between Link Building and Greenhouse Building	2	0	2,032
New Link Building	4	60	138,879
Total		**1,370**	**1,008,986**
Alternative Two			
Old Main Hospital Building (Wings A, B, C, and H)	3 to 5	0	204,931
Old Main Hospital Building (Wings D, E, and K and a portion of Wings F, G, and L)/New Assisted Living Facility	3 to 5	140	159,394
New Clarendon Hill West Building	7	420	195,474
New Clarendon Hill East Building	7	420	195,474
New Connector between Clarendon Buildings	2	0	8,144
New Greenhouse Building	5	300	146,976
Connector between Link Building and Greenhouse Building	2	0	2,032
New Link Building	4	60	138,879
Total		**1,340**	**1,051,304**

Source: Architectural Resources Group, Schematic Design, June 28, 2001.

A4(a) Partial Preservation Alternative One

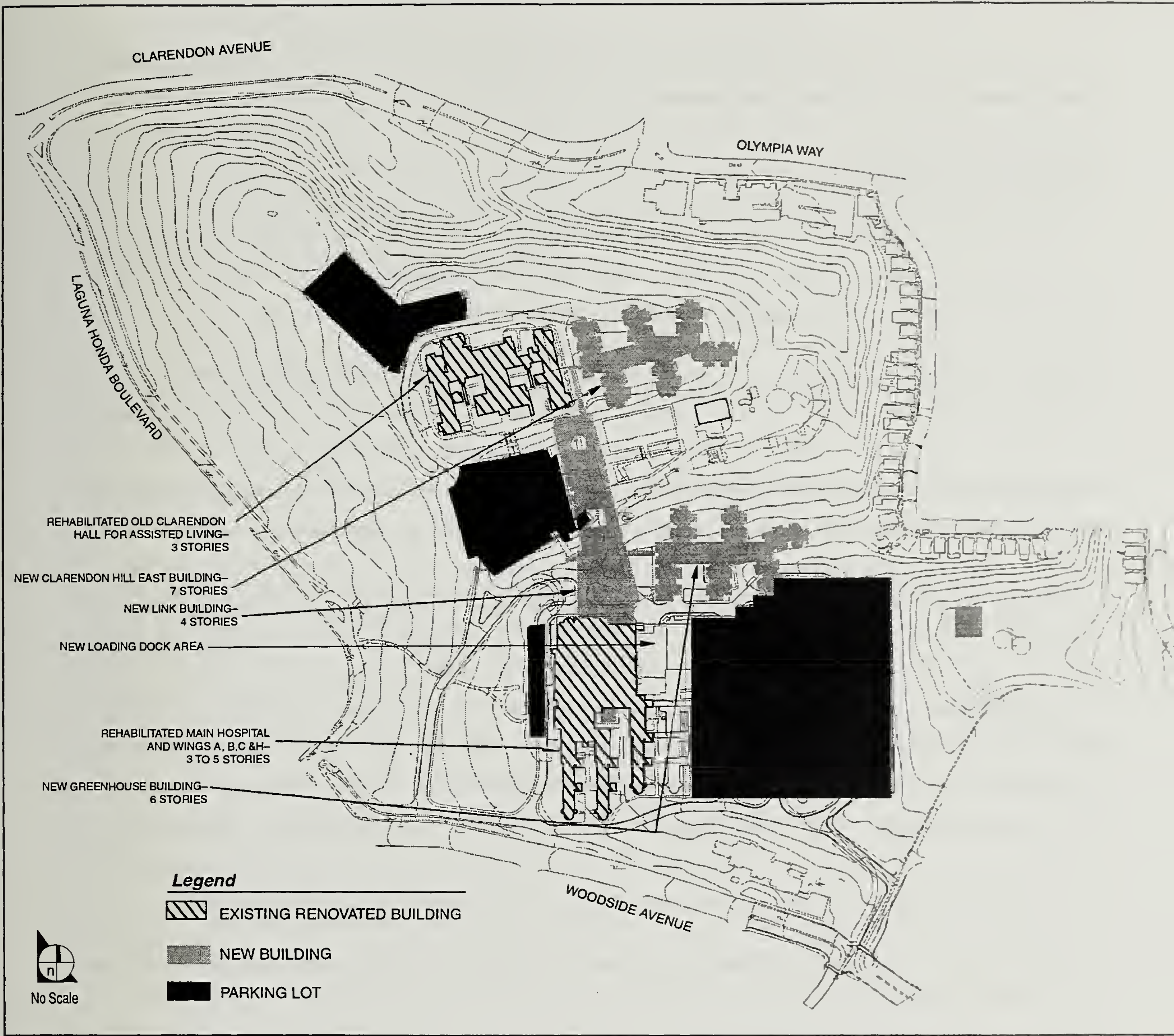
Description

Partial Preservation Alternative One would meet some of the spatial, service, and technical needs of the hospital while preserving and/or retrofitting some of the historic features of the buildings and site. As shown in **Figure 6.0-1, Alternative One: Site Plan**, this alternative would retain and rehabilitate Clarendon Hall as an assisted living facility and retain and rehabilitate portions of the Main Hospital Building including Wings A, B, C and H for administrative purposes. The assisted living facility would contain 140 beds, the same as for the proposed project. New Greenhouse and Clarendon Hill East Buildings would be constructed to provide 1,170 new hospital beds (compared to the 720 beds provided by those buildings under the proposed project). The buildings would be six and seven stories high respectively (one story higher than the proposed project Greenhouse Building, and the same number of stories as the proposed project Clarendon Hill Buildings), and would be larger in footprint than the proposed project buildings to accommodate the additional beds. The building footprints would extend further to the east than under the proposed project. A new Link Building would be constructed to provide 60 beds. It would be the same size as the proposed project Link Building. The total number of beds provided in Alternative One would be 1,370, 30 more beds than under the proposed project.

Similar to the proposed project, Partial Preservation Alternative One would be achieved through a series of construction phases that would allow the facility to remain functional during the development of new buildings. Residents would be relocated into the new buildings upon completion and Clarendon Hall would be rehabilitated as an assisted living facility. Further, temporary parking would be provided during construction, and upon project completion the bulk of parking would be in the Main East Lot, New Clarendon West Lot, and West Valley Lot (similar to the proposed project). Upon completion of this alternative, approximately 706 parking spaces, or 51 more spaces than under the proposed project, would be available on site. As under the proposed project, Alternative One would include 11 loading spaces. Nine spaces would be located at the renovated Main Hospital Building, and two spaces would be located at the proposed assisted living facility in renovated Clarendon Hall.

Environmental Analysis

The Initial Study prepared for the proposed project determined that impacts in the following issue areas would be less than significant: population, operational noise, air quality, utilities/public services, biology, geology/topography, water, energy/natural resources, hazards (emergency response plans and fire hazards) and archaeological and paleontological resources. Impacts in those issue areas would also be less than significant from implementation of this alternative, because the alternative would involve a similar area of disturbance and would result in a slight increase in site use by residents,



SOURCE: Architectural Resources Group

FIGURE 6.0-

Alternative One: Site Pla

employees, and visitors as compared with the proposed project. Alternative One has been identified as the "Environmentally Superior" alternative.

Land Use and Planning

Under Alternative One, the proposed development of the site would be consistent with the current use of the site as a hospital. The proposed assisted living facility would provide assisted care and housing opportunities for the elderly and disabled, which would be consistent with the current use of the site and the residential uses in the surrounding neighborhood.

The proposed buildings under this alternative would comply with the height requirements of the 80-D height and bulk district; however, the proposed buildings would not conform to the bulk requirements. Pursuant to Section 271 (b) of the Planning Code, deviations from bulk limits shall be permitted upon approval of the Planning Commission according to the procedures for Conditional Use approval in Section 303 of the Code. This required change would be the same as for the proposed project.

The proposed location of the replacement buildings could require modification of the boundary between the 80-D and OS height and bulk districts. The extent of the potential boundary modification between the 80-D and OS districts on the site is not known at this time, because the current boundary is approximate and its precise location on the site is not known. That adjustment would be considered a Planning Code Amendment pursuant to Section 302 of the Code. Modification of the bulk district boundary may result in a decrease in the amount of land designated as open space on the project site; however, the majority of the undeveloped land on the project site would remain. There would be somewhat less open space in the east-central part of the site under this alternative compared to the proposed project because of the increased size of the Greenhouse and Clarendon East buildings.

The use of the site as a public hospital and assisted living facility would be consistent with the site's *General Plan* designation.

Transportation, Circulation, and Parking

Alternative One would have essentially the same transportation, circulation, and parking impacts as the proposed project (less than significant). Operational impacts would be the same, because the size of the facilities, number of employees, and amount of traffic generated would be the same. Construction-related traffic would be similar to that generated by the project because the construction phasing and duration would be similar. Parking impacts would be the same for construction and operation as those of the project (less than significant); however, this alternative would provide for more parking in the Main East Lot. Fifty-one additional parking spaces would be provided under this alternative, resulting in a reduced parking deficiency. This alternative would have the same number of loading spaces as the proposed project and the loading demand would be approximately the same. Therefore, loading impacts would be the same as for the proposed project, i.e., less than significant.

Visual Quality

The effects on visual quality under Alternative One would be similar to those of the proposed project. The primary differences would be that (1) the existing Clarendon Hall would remain and the new Clarendon Hill West Building would not be built, (2) a new Clarendon Hill East Building would be built that would be the same height but have a larger footprint, and (3) the Greenhouse Building would be taller and larger than under the proposed project.

Looking east from Laguna Honda Boulevard, as shown in **Figure 3.3-2** in **Section 3.3, Visual Quality**, the view with this alternative would be without the Clarendon Hill West building since that would not be constructed and the existing Clarendon Hall is 4 stories lower and would not be visible from this viewpoint.

Looking northeast form Edgehill Way, as shown in **Figure 3.3-3** in **Section 3.3, Visual Quality**, the view under this alternative would be very similar to that under the proposed project, except that the Clarendon Hill West Building would not be present and the lower Clarendon Hall would be visible in its place. In addition, the Greenhouse would be more visible as it would be one story higher and have a larger footprint.

Looking southwest from Twin Peaks Park, as shown in **Figure 3.3-4** in **Section 3.3, Visual Quality**, the Greenhouse Building would be more visible since it would be one story higher and have a larger footprint. The visual impact from the Twin Peaks Park viewpoint would be significant under this alternative because of the prominence and scale of the Link Building, which would the same as under the proposed project.

Impacts related to tree removal and light and glare would be slightly greater than those under the proposed project since the new Clarendon Hill East and Greenhouse Building footprints of Alternative One would extend further to the east, removing part of the tree buffer along the eastern boundary of the project site. However, since the majority of the trees on the project site and the tree buffer would still be preserved, the impact would still be less than significant. The additional lighting sources associated with Alternative One would not represent a new source of substantial light, given the developed nature of the area.

Construction Noise

Under Alternative One, the noise associated with demolition of Clarendon Hall and construction of Clarendon Hill West would not occur. There would be some noise associated with renovating Clarendon Hall but it would be at much reduced levels compared with demolition and construction of a new building. Therefore, construction noise impacts to existing hospital residents during Phase Three-A would be less than significant under this alternative. (Construction noise impacts to hospital residents during Phase Three-A would be significant under the proposed project.) Construction noise levels

associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact and would be the same as under the proposed project.

Construction noise impacts to hospital residents during the other construction phases under this alternative would be similar to those of the proposed project. The footprints of the Clarendon East and Greenhouse buildings would be up to 100 feet closer to the Dellbrook Avenue residences. For some types of construction activities, this change in distance could result in noise levels that would exceed the speech interference criterion, which would result in a significant impact.

Historic Architectural Resources

Alternative One would retain and rehabilitate Clarendon Hall as an assisted living facility and retain and rehabilitate Wings A, B, C, and H of the Main Hospital Building for administrative purposes. As discussed in **Section 3.5, Historic Architectural Resources**, the Laguna Honda hospital campus as a whole appears eligible as a National Register of Historic Places (NRHP) district, and Clarendon Hall and the Main Hospital Building appear eligible for the NRHP as individual buildings. Therefore, the impacts to historic architectural resources would be reduced, but not eliminated, because more of these structures would be preserved. This alternative would preserve Clarendon Hall while under the proposed project Clarendon Hall would be demolished. Impacts to historic architectural resources with implementation of this alternative would be less than with the proposed project, but would remain significant.

Hazards

Impacts related to hazards would be the same as for the proposed project. Because the project sponsor would be required to comply with existing rules and regulations pertaining to the removal and disposal of asbestos and lead-based paint, no significant impacts regarding those materials would occur.

Construction workers may encounter soil and/or groundwater contamination during site preparation activities, potentially exposing them and the public to hazardous substances. This would be the same as for the proposed project and is considered a potentially significant impact.

Relation to the Project Objectives

Alternative One would meet 12 of the 20 project objectives. Specifically, this alternative would not meet Objectives 3, 9, 10, 11, 13, 16, 19, and 20. Placement of the assisted living facility in Clarendon Hall would not meet Objective 3 because those residents would be located across Clarendon Valley at a different area of the project site than the outpatient services in the Main Hospital Building. Since the new Clarendon Hill East Building and Greenhouse Building would house 90 residents per floor in order to accommodate a similar number of total residents as the proposed project, it would not meet Objectives

9, 10, and 11 which require no more than 60 residents per floor to optimize the use of nursing, laundry, and dietary active therapy staff, provide a manageable social environment, and provide a central dining area. Because of the larger building footprint for the new Clarendon Hill East Building and Greenhouse Building, more grading would be required and large retaining walls would be constructed. The walls would limit the views from some of the residents' rooms, which would conflict with the Objective 13. In addition, the wayfinding through such a large floorplan could be confusing, which would not meet Objective 16. This alternative would achieve Objective 17, recognize site history, better than the proposed project since Clarendon Hall would be preserved. Upgrading Clarendon Hall to meet current seismic standards would be technically difficult and considerably more costly than demolishing the structure and replacing it with a new building. In addition, the cost associated with the extensive grading, large retaining walls, and foundation work would likely make the cost of constructing this alternative exceed the available project funding. Thus, the Objective 19 would likely not be met. Since the cost of constructing this alternative would likely exceed the available funding, then Objective 20 likely would not be met because funding would not be available to construct improvements around the site boundary.

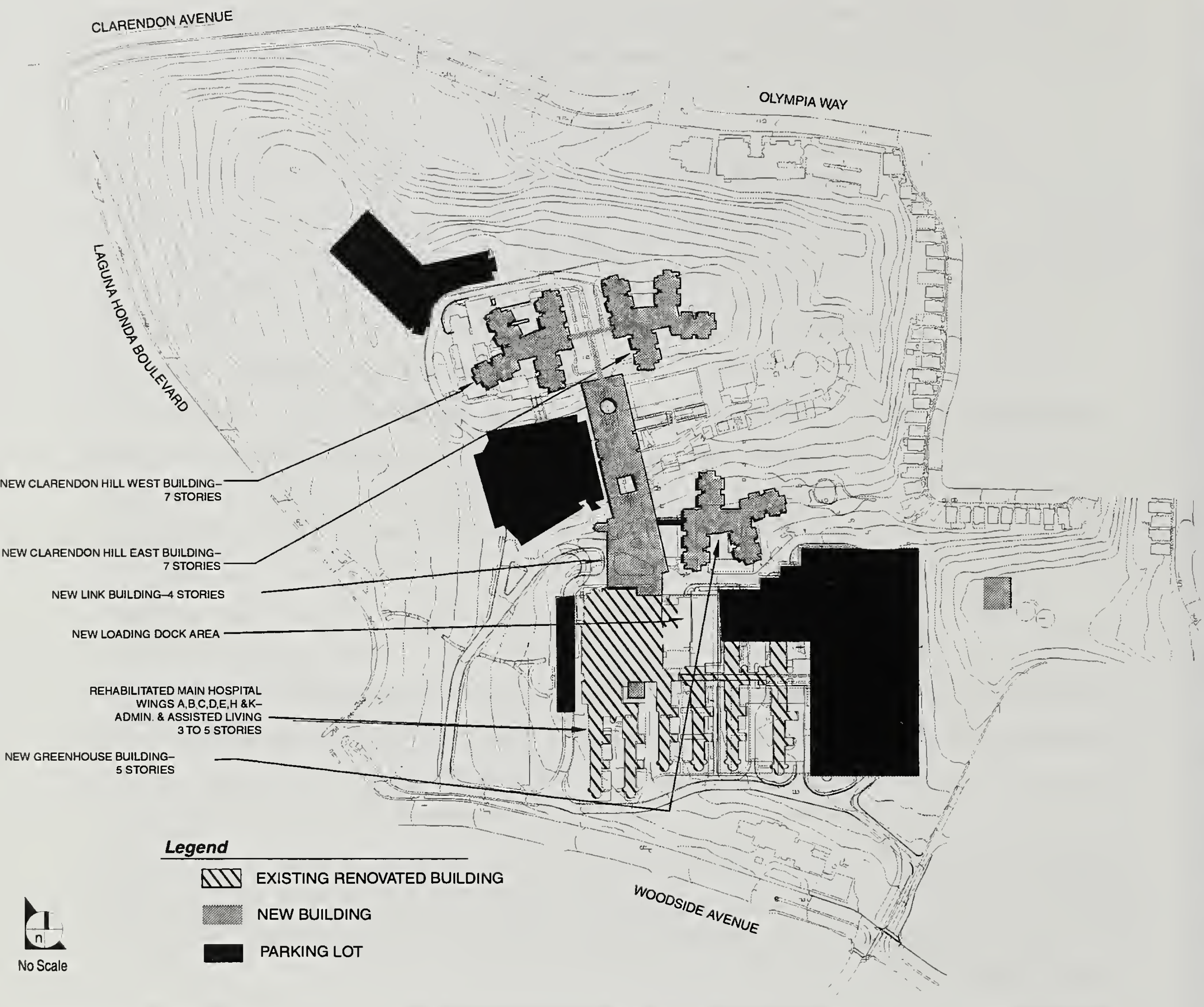
Conclusion

This alternative would substantially reduce the level of impacts to historic architectural resources by preserving Clarendon Hall; however, the impact to historic architectural resources would still be significant. Construction noise impacts to hospital residents would be reduced to a less-than-significant level during one of the construction phases. A new significant construction noise impact could occur to residents along Dellbrook Avenue. The visual impact from Twin Peaks Park would be slightly different under this alternative, but would still be significant. Impacts regarding land use and planning and transportation, circulation, and parking would be less than significant. This alternative would meet 12 of the 20 project objectives.

A4(b) Partial Preservation Alternative Two

Description

Like Alternative One, Partial Preservation Alternative Two would meet the spatial, service, and technical needs of Laguna Honda hospital while preserving and/or retrofitting some of the historic features of the buildings and site. As shown in **Figure 6.0-2**, Alternative Two: Site Plan, this alternative would retain and rehabilitate portions of Wings A, B, C, and H of the Main Hospital Building for administrative use, and Wings D, E, and K and portions of Wings F, G, and L as an assisted living facility. The new Greenhouse and Clarendon Hill East and West Buildings would provide 1,140 new hospital beds, and would be the same size as under the proposed project. The new Link Building



OURCE: Architectural Resources Group

FIGURE **6.0-2**

Alternative Two: Site Plan

would provide 60 beds, and would also be the same size as under the proposed project. The total number of beds provided in Alternative Two would be 1,340, the same as for the proposed project.

Similar to the proposed project, Partial Preservation Alternative Two would be achieved through a series of construction phases that would allow the facility to remain functional during the development of new buildings. Residents would be relocated into the new buildings upon completion and portions of the Main Hospital Building would be used for a residential care facility. Further, temporary parking would be provided during construction and, upon project completion, the bulk of parking would be in the Main East Lot, New Clarendon West Lot, and West Valley Lot (similar to the proposed project). Upon completion of Alternative Two approximately 626 parking spaces would be provided on site, 29 fewer parking spaces than under the proposed project. As under the proposed project, Alternative Two would include 11 loading spaces.

Environmental Analysis

The Initial Study prepared for the proposed project determined that impacts in the following issue areas would be less than significant: population, operational noise, air quality, utilities/public services, biology, geology/topography, water, energy/natural resources, hazards (emergency response plans and fire hazards) and archaeological and paleontological resources. Impacts in those issue areas would also be less than significant from implementation of this alternative, because the alternative would involve a similar area of disturbance and would result in the same increases in site use by residents, employees, and visitors.

<u>Land Use and Planning</u>

Under Alternative Two, the proposed development of the site would be consistent with the current use of the site as a hospital. The proposed assisted living facility would provide assisted care and housing opportunities for the elderly and disabled, which would be consistent with the current use of the site and the residential uses in the surrounding neighborhood.

As with the proposed project the proposed buildings under this alternative would not comply with the height requirements of the 80-D height and bulk district, which would require a rezoning from the 80-foot height district to the 90-foot height district, and an amendment to the *General Plan* height district map and text. In addition, the proposed buildings would not conform to the bulk requirements. Pursuant to Section 271 (b) of the Planning Code, deviations from bulk limits shall be permitted upon approval of the Planning Commission according to the procedures for Conditional Use approval in Section 303 of the Code. This required change would be the same as for the proposed project.

The proposed location of the replacement buildings could require modification of the boundary between the 80-D and OS height and bulk districts. The extent of the potential boundary modification between

the 80-D and OS districts on the site is not known at this time, because the current boundary is approximate and its precise location on the site is not known. That adjustment would be considered a Planning Code Amendment pursuant to Section 302 of the Code. Modification of the bulk district boundary may result in a decrease in the amount of land designated as open space on the project site; however, the majority of the undeveloped land on the project site would remain. The land area used for development would be similar to that used under the proposed project.

The proposed use of the site as a public hospital and assisted living facility is consistent with the site's *General Plan* designation.

Transportation, Circulation, and Parking

Alternative Two would have essentially the same transportation and circulation impacts as the proposed project (less than significant). Operational impacts would be the same, because the size of the facilities, number of employees, and amount of traffic generated would be the same. Construction-related traffic would be similar to that generated by the proposed project because the construction phasing and duration would be similar. Parking impacts would be the same for construction since the same amount of parking would be provided as with the proposed project. However, upon completion, the Main East Lot would have fewer parking spaces than under the proposed project. There would be 29 fewer parking spaces than under the proposed project. Alternative Two would also result in a shortage of parking relative to demand, but the impact would not be considered to be significant because of the availability of on-street parking and the opportunities to re-designate non-employee parking on the project site. Loading impacts would be the same as under the proposed project (less than significant) because the same number of loading spaces would be provided and the demand would be similar.

Visual Quality

Impacts to visual quality under Alternative Two would be similar to those of the proposed project. The primary difference would be from retaining Wings D, E, and K of the Main Hospital Building. The view looking east from Laguna Honda Boulevard (**Figure 3.3-2** in **Section 3.3, Visual Quality**) would be essentially the same as it would be under the proposed project. Since these wings would be retained under this alternative, the view of the project site as seen from Edgehill Way (**Figure 3.3-3 in Section 3.3, Visual Quality**) would remain essentially the same as it is today. Therefore, this alternative would not result in a significant impact to views from that location. The significant impact to the view from Twin Peaks Park would occur under this alternative, as under the proposed project, because the Clarendon Hill West and East and Link Buildings would still be constructed.

Impacts related to tree removal and light and glare would be similar to those of the proposed project (less than significant). The land area used for development would be similar to that used under the proposed project, and the majority of the trees on the project site and the tree buffer would still be

preserved. The additional lighting sources associated with Alternative Two would not represent a substantial new source of light, given the developed nature of the area.

Construction Noise

The primary difference in construction noise impacts with Alternative Two compared with the proposed project would be that the noise associated with demolition of existing Wings D, E, and K and construction of the new assisted living facility would not occur. Noise associated with renovation of Wings D, E, and K would be generated, but it would be at reduced levels compared to noise associated with demolition and new construction. Therefore, noise impacts to hospital residents during this period would be reduced. However, since Wings G, L, M, and O would still be demolished under this alternative, noise impacts to hospital residents would still be significant during construction Phase Three-B, although of less intensity and duration than with the proposed project. Construction noise levels associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact and would be the same as under the proposed project. Construction noise impacts during the other construction phases with this alternative would be similar to those of the proposed project.

Historic Architectural Resources

Alternative Two would retain and rehabilitate Wings A, B, C, and H of the Main Hospital Building for administrative use and Wings D, E, and K for an assisted living facility. As discussed in **Section 3.5, Historic Architectural Resources**, the Laguna Honda hospital campus as a whole appears eligible as a NRHP district, and Clarendon Hall and the Main Hospital Building appear eligible for the NRHP as individual buildings. Therefore, impacts to historic architectural resources would be reduced under this alternative, because more of the Main Hospital Building would be preserved. Nonetheless, the impacts of this alternative on historic architectural resources would remain significant.

Hazards

Impacts related to hazards would be the same as for the proposed project. Because the project sponsor would be required to comply with existing rules and regulations pertaining to the removal and disposal of asbestos and lead-based paint, no significant impacts regarding those materials would occur.

Construction workers may encounter soil and/or groundwater contamination during site preparation activities, potentially exposing them and the public to hazardous substances. This would be the same as for the proposed project and is considered a potentially significant impact.

Relation to the Project Objectives

Alternative Two would satisfy 16 of the 20 project objectives, but would not meet Objectives 15 and 18 and may not meet Objectives 19 and 20. Preserving Wings D, E, and K and portions of Wings F, G, and L

would make it difficult to develop adequately-sized, level, covered access to the Adult Day Health Care and Senior Nutrition Program areas. Therefore, Objective 15 would not be met under this alternative. Alternative Two would achieve Objective 17, recognize site history, better than the proposed project since more of the Main Hospital Building would be preserved. Objective 18, separating service traffic from other traffic, would not be achieved because preserving the south-facing Wings D, E, and K would necessitate routing service vehicles to the main loading dock via the staff parking lot and down a steep driveway adjacent to the Greenhouse Building. This routing of service vehicles would increase onsite traffic noise because trucks returning up the steep driveway would need to accelerate. Due to the cost of upgrading Wings D, E, and K and portions of Wings F, G, and L to meet current seismic standards, Alternative Two may not meet Objective 19, which is not to exceed the available project funding. If Alternative Two could not meet Objective 19, then it likely would not meet Objective 20 either, because funding would not be available to construct improvements around the site boundary.

Conclusion

Alternative Two would reduce the level of impacts to historic architectural resources by retaining Wings D, E, and K and portions of Wings F, G, and L of the Main Hospital Building. Although other wings would be demolished under this alternative, the retention of the additional wings would leave more of the building intact. However, impacts to historic architectural resources would still be significant. Construction noise levels during Phase Three-B would be lower than under the proposed project, but would still be significant. The amount of on-site parking spaces would be reduced with this alternative, but impacts to transportation, circulation, and parking would be less than significant. Impacts regarding land use and planning and would be similar to those of the proposed project; i.e., less than significant. This alternative would have the same significant impact to views from Twin Peaks Park as under the proposed project. Alternative Two would meet 16 of the 20 project objectives.

A4(c) No Project Alternative

Description

The CEQA *Guidelines* require that a "No Project" Alternative be evaluated in an EIR. The *Guidelines* further state that the "no project" analysis should discuss what would reasonably be expected to occur in the foreseeable future if the project was not approved, based on current land use regulations and plans.

Under the No Project Alternative, the proposed demolition and replacement of the current hospital facilities would not occur. As described in **Section 2.0, Project Description**, the present facilities at Laguna Honda hospital are deficient for meeting today's regulatory requirements for providing good

quality patient care in several ways. Consequently, the hospital is being operated under special waivers from regulatory agencies. These waivers can be revoked at any time.

If the hospital continued to operate without making the improvements necessary to comply with state and federal regulations, the waivers under which it presently operates would be revoked and the hospital would be shut down. The approximately 1,200 to 1,500 residents that are served by the hospital each year would need to be cared for elsewhere. The hospital only serves residents of San Francisco and equally accessible patient care would need to be provided in the City or elsewhere. Existing hospitals within San Francisco could not accommodate this many additional residents, so that some residents would then need to be accommodated in facilities outside of San Francisco. If there are not enough existing facilities outside of San Francisco to accommodate these residents, then new facilities would need to be constructed outside of the City.

Addressing the regulatory deficiencies of Laguna Honda hospital without demolishing existing buildings and constructing new facilities would require extensive remodeling and renovation of the existing buildings. Upgrading the hospital buildings to meet current federal requirements that allow no more than four residents to a room would require reducing the total bed capacity by approximately 50 percent. This would make operation of the facility inefficient because the physical arrangement of the existing buildings would result in one nurse station for every 19 beds, whereas the present standard operating ratio is 30 beds per nurse station. Rehabilitating the existing structure to meet current regulations would be costly, and 50 percent of the hospital's residents would still need to find care elsewhere. Because much of the funding to operate the hospital comes from Medicare and Medicaid reimbursements, approximately 50 percent of those reimbursements would be lost due to the reduction in resident census. Funding required to operate the facility would be higher per resident because of fixed operating costs and the inefficiencies mentioned above. Therefore, additional funding would be needed from the City and County of San Francisco to operate the facility which would reduce funding for other City-provided services. It is unclear whether the political will would exist to reallocate the City's funding priorities to support the higher costs of operating Laguna Honda hospital under this scenario. Therefore, the fiscal feasibility of this scenario is questionable.

Furthermore, the technical feasibility of rehabilitating the existing structures for skilled nursing use is uncertain. OSHPD is responsible for overseeing all aspects of hospital construction in California, including remodeling and retrofitting existing buildings. OSHPD requires documentation and inspection during construction of compliant buildings. Since construction records are not available for the Main Hospital Building and Clarendon Hall, destructive testing would be required to verify that the buildings were completed in exact conformance with the blueprints. This requirement makes remodeling the existing buildings for skilled nursing use impractical.

Under the assumption that the fiscal, political, and technical challenges described above could be overcome, one of two general scenarios could therefore occur under the No Project Alternative. The existing facilities could be renovated to allow continued operation and 50 percent of the residents currently cared for at the hospital would need to find care elsewhere, or, alternatively, the hospital could be shut down and all of the residents would have to find care elsewhere. Either of these scenarios would most likely require construction of additional facilities outside of San Francisco. If the hospital were shut down, the project sponsor might decide to (1) abandon the buildings and allow them to deteriorate, (2) develop the site for some other use, or (3) sell the site to a private party who might develop the site for some other use.

Environmental Analysis

The environmental effects of the No Project Alternative would vary depending on which of the scenarios described above comes to fruition. If the existing structures were to be rehabilitated for skilled nursing use to serve 50 percent of the existing residents, most of the onsite impacts would be reduced compared to those under the proposed project. Construction duration would be shorter. There would be less traffic and less construction noise. Some of the potential impacts associated with soil and groundwater contamination would not occur. Views from Twin Peaks Park would not be altered and the impact to historic architectural resources would likely be avoided. However, 50 percent of the residents would still need to be cared for at some other location. New facilities may need to be constructed outside of San Francisco to accommodate those residents. Impacts associated with constructing those new facilities are too speculative to predict, given that the location is also too speculative to predict.

If the project sponsor decided to develop the site for some other use, or if the site was sold to a private developer and developed for some other use, there could be lesser or greater impacts than those associated with the proposed project. Without additional information, it would be speculative to address these impacts more specifically. Any future redevelopment of the project site may be subject to further CEQA review, at which time any potential environmental impacts would be evaluated.

Relation to the Project Objectives

If the existing facilities are renovated as part of the No Project Alternative, most of the project objectives would not be met. The only objectives that would potentially be met are Objectives 4, 13, 16, and 17. If the hospital were shut down , none of the project objectives would be met.

Conclusion

The No Project Alternative would disrupt and displace patient care in San Francisco for many of the City's indigent population. Some environmental impacts would occur since either the existing buildings on site would need to be renovated and brought up to code and/or additional facilities would likely need to be constructed elsewhere to provide care for the residents who would be displaced. Renovating the existing buildings would be costly, would provide inefficient patient care, and would only accommodate approximately 50 percent of the current resident population. However, it is unlikely that the buildings would be renovated for skilled nursing use. Most or all of the project's objectives would not be met under the No Project Alternative.

B. ENVIRONMENTALLY SUPERIOR ALTERNATIVE

Alternative One has been identified as the Environmentally Superior Alternative because of its reduction of impacts to historic architectural resources. Alternative One would preserve Clarendon Hall in its entirety. Although Alternative Two would preserve more of the Main Hospital Building than either the proposed project or Alternative One, it still would not preserve the entire building. Therefore, Alternative One is considered the Environmentally Superior Alternative.

C. SUMMARY

As discussed in the introduction to this section, the CEQA *Guidelines* require that the discussion of alternatives to a project, or the location of a project, focus on those alternatives that can feasibly attain most of the basic objectives of the project while avoiding or reducing the significant impacts of the project as proposed. **Table 6.0-2** below provides a comparison of impacts by alternative summarizes their ability to meet the project objectives.

Table 6.0-2
Comparison of Impacts by Alternative

Impact Category	Proposed Project	Alternative One	Alternative Two	No Project Alternative
Land Use	No significant impacts	No significant impacts	No significant impacts	Impacts too speculative to predict
Transportation, Circulation, and Parking	No significant impacts	No significant impacts	No significant impacts	Impacts too speculative to predict
Visual Quality	Significant impact to view from Twin Peaks Park	Significant impact to view from Twin Peaks Park	Significant impact to view from Twin Peaks Park	Impacts too speculative to predict
Construction Noise	Significant impacts to hospital residents during portions of all phases; significant impacts to senior housing residents during Phase Three-B; significant exceedance of City Noise Ordinance at times during construction	Significant impacts to hospital residents during portions of all phases except Phase Three-A; significant impacts to senior housing residents during portions of Phase Three-B; potential significant impact to Dellbrook residents during portions of Phase Two; significant exceedance of City Noise Ordinance at times during construction	Reduced noise impacts to hospital residents during Phase Three-B, but still significant; significant exceedance of City Noise Ordinance at times during construction	Impacts too speculative to predict
Historic Architectural Resources	Significant impacts due to demolition of Clarendon Hall, most of Main Hospital, and support structures	Significant impact due to demolition of most of Main Hospital and support structures; reduced impact due to preservation of Clarendon Hall	Significant impact due to demolition of Clarendon Hall and support structures; reduced impact due to more of Main Hospital preserved	Impacts too speculative to predict

Table 6.0-2 (continued)
Comparison of Impacts by Alternative

Impact Category	Proposed Project	Alternative One	Alternative Two	No Project Alternative
Hazards	Potentially significant impacts associated with hazardous building materials and soil and groundwater contamination	Potentially significant impacts associated with hazardous building materials and soil and groundwater contamination	Potentially significant impacts associated with hazardous building materials and soil and groundwater contamination	Impacts too speculative to predict
Project Objectives	Meets project objectives	Meets 12 of 20 project objectives; would not meet Objectives 3, 9, 10, 11, 13, 16, 19, and 20.	Meets 16 of 20 project objectives; would not meet Objectives 15 and 18; may not meet 19 and 20.	Does not meet most or all project objectives

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9.0 DRAFT EIR DISTRIBUTION LIST

Copies of the Draft EIR or notices of its availability were mailed or delivered to nearly 2,500 recipients. The recipients include federal, state, and regional agencies; City and County of San Francisco boards, commissions, and departments; interested persons, groups, and organizations; media outlets; libraries; and project area property owners and occupants. Due to the unusually large size of the Draft EIR distribution list for this project, this list is not included in the EIR. The Draft EIR distribution list, however, is available for review by appointment at the San Francisco Planning Department, 1660 Mission Street, Suite 500, as part of Case File No. 2000.005E.

APPENDIX 1.0

Laguna Honda Replacement Initial Study, Notice of Preparation, and Responses

PLANNING DEPARTMENT

City and County of San Francisco 1660 Mission Street, Suite 500 San Francisco, CA 94103-2414

(415) 558-6378 PLANNING COMMISSION FAX: 558-6409 ADMINISTRATION FAX: 558-6426 CURRENT PLANNING/ZONING FAX: 558-6409 LONG RANGE PLANNING FAX: 558-6426

February 3, 2001

TO: Responsible, Trustee Agencies, and Interested Parties

FROM: Hillary E. Gitelman, Environmental Review Officer

RE: **Notice of Preparation of a Draft Environmental Impact Report**

The City and County of San Francisco Planning Department is the Lead Agency and will prepare an Environmental Impact Report for the following project:

2000.005E: Laguna Honda Hospital Replacement Project - The proposed project is demolition of all existing Laguna Honda Hospital campus facilities, except the front part of the Main Hospital, and construction of a replacement hospital and a new assisted living facility. The replacement hospital would be approximately 765,000 gross square feet (gsf), including the 135,000-gsf portion of the existing hospital to be retained. This would be a net increase of about 75,100 gsf compared to the existing 689,900-gsf hospital. The replacement hospital would accommodate about 1,200 beds and would range from 3 to 7 stories, with a maximum height of 80 feet. The proposed assisted living facility would be approximately 95,000 gsf and would provide about 140 beds. It would be about 4 stories tall, or 50 feet in height. Existing off-street parking on the project site would be reconfigured to provide 648 spaces, and loading would be improved to provide three centralized loading areas. The 62-acre hospital campus is located in Twin Peaks within Assessor's Block 2842, Lot 7, and is generally bounded by Clarendon Avenue, Laguna Honda Boulevard, Dellbrook Avenue, and Panorama Drive. It is within a P (Public) zoning district, and portions are within the 80-D and the OS (Open Space) height and bulk districts. An expanded description of the project and a list of potential environmental effects are included in the attached Initial Study.

The Notice of Preparation of a Draft Environmental Impact Report (EIR) and Notice that an EIR is Determined to be Required for the above-referenced project are being sent to you because you have expressed an interest in the proposed project, or because you have been identified by the Planning Department as potentially having an interest in the project. Notice of publication of these documents will be printed in a newspaper of general circulation on the day following the day that these notices were mailed to you. As stated in the enclosed Notices, the Planning Department has determined that pursuant to the California Environmental Quality Act (CEQA) an EIR must be prepared prior to any final decision regarding the project.

We need to know the views of your agency as to the scope and content of the environmental information which is germane to your agency's statutory responsibilities in connection with the proposed project. Your agency may need to use the EIR when considering a permit or other approval for this project.

Written comments on the scope of the EIR will be accepted until the close of business on March 5, 2001. Written comments should be sent to: Hillary Gitelman, Environmental Review Officer, San Francisco Planning Department, 1660 Mission Street, Ste. 500, San Francisco, CA 94103. Please include the name of a contact person in your agency. Thank you.

Hillary E. Gitelman
Environmental Review Officer

Date 2/3/01

NOTICE THAT AN
ENVIRONMENTAL IMPACT REPORT (EIR)
IS DETERMINED TO BE REQUIRED

Date of this Notice: February 3, 2001

Lead Agency: Planning Department, City and County of San Francisco
1660 Mission Street - 5th Floor, San Francisco, CA 94103-2414
Agency Contact Person: Lisa Gibson **Telephone:** (415) 558-5993

Project Title: 2000.005E - Laguna Honda Hospital Replacement Project
Project Sponsor: City and County of San Francisco Department of Public Health
Project Contact Person: Lawrence Funk, Laguna Honda Hospital Administrator, (415) 759-2368

Project Address: 375 Laguna Honda Boulevard **Assessor's Block(s) and Lot(s):** 2842/7
City and County: San Francisco

Project Description: The proposed project is the demolition of all of the existing Laguna Honda Hospital campus facilities, except the front part of the Main Hospital (i.e., Wings A, B, and H), and construction of a replacement hospital and a new assisted living facility. The replacement hospital would be approximately 765,000 gross square feet (gsf), including the 135,000-gsf portion of the existing hospital that would be retained. This would be a net increase of about 75,100 gsf compared to the existing 689,900-gsf hospital building. The replacement hospital would accommodate about 1,200 beds, 135 more than currently provided. The building would range from 3 to 7 stories, with a maximum height of 80 feet. The proposed assisted living facility would be approximately 95,000 gsf and would provide about 140 beds. It would be about 4 stories tall, or 50 feet in height. Existing off-street parking on the project site would be reconfigured to provide 648 spaces, an increase of 45 spaces. The project includes improvements to loading facilities, which would provide centralized into three on-site loading areas. The 62-acre hospital campus is located in Twin Peaks within Assessor's Block 2842, Lot 7. The site is generally bounded by Clarendon Avenue, Laguna Honda Boulevard, Dellbrook Avenue, and Panorama Drive. It is within a P (Public) zoning district, and portions are within the 80-D and the OS (Open Space) height and bulk districts.

THIS PROJECT MAY HAVE A SIGNIFICANT EFFECT ON THE ENVIRONMENT AND AN ENVIRONMENTAL IMPACT REPORT IS REQUIRED. This determination is based upon the criteria of the Guidelines of the State Secretary for Resources, Section 15063 (Initial Study), 15064 (Determining Significant Effect), and 15065 (Mandatory Findings of Significance), and the following reasons, as documented in the Environmental Evaluation (Initial Study) for the project, which is attached.

Deadline for Filing of an Appeal to the Planning Commission of this Determination that an EIR is required: March 5, 2001 at 5:00 p.m.

An appeal requires: 1) a letter specifying the grounds for the appeal; and
2) a $209.00 filing fee.

Hillary Gitelman
Environmental Review Officer
Planning Department

LAGUNA HONDA HOSPITAL REPLACEMENT
INITIAL STUDY

I. PROJECT DESCRIPTION

Background

The existing open ward arrangement of patient care areas in Laguna Honda Hospital does not comply with current State and Federal regulations, which allow for no more than four patients per room and no more than a 90-foot travel distance from a nurses' station to a patient bed area. The hospital currently operates under special waivers from regulatory agencies; however, these waivers may be revoked at any time. In addition, existing hospital facilities do not comply with building code requirements related to fire and life safety; handicapped accessibility; mechanical ventilation, filtration, and air conditioning; and seismic safety.

On November 2, 1999, San Francisco voters approved Proposition A, a $299 million bond measure to replace Laguna Honda Hospital. The proposed project would involve the replacement of most of the existing hospital facilities in order to bring Laguna Honda Hospital into compliance with State and Federal regulations.

Conceptual design for the proposed project is currently in progress. Therefore, this Initial Study will evaluate the potential environmental impacts of the proposed project based on preliminary conceptual plans.

Project Location

As shown in **Figure 1, Project Location**, the 62-acre Laguna Honda Hospital and Rehabilitation Center campus is located on the western slopes of Twin Peaks in central San Francisco. The project site is generally bounded by Dellbrook Avenue and Panorama Drive on the east, Clarendon Avenue and Olympia Way on the north, Woodside Avenue on the south, and Laguna Honda Boulevard on the west. The site is owned by the City and County of San Francisco and encompasses most of Assessor's Block 2842, Lot 7 (the remainder of the block is occupied by the Youth Guidance Center, an area with housing operated by the San Francisco Housing Authority, the Clarendon Avenue Pump Station, a fire station, and a San Francisco Municipal Railway [MUNI] electrical substation).

Primary access to the project site is currently provided from Laguna Honda Boulevard at Dewey Boulevard; a secondary access from Woodside Avenue provides one lane for incoming traffic only. The project site is served by several public transportation lines (MUNI lines K, L, M, 36, 43, 44, and 52), which stop at the Forest Hill Station located across Laguna Honda Boulevard, approximately 1,000 feet southwest of the hospital's main entry. An additional bus stop (serving MUNI lines 36, 44, 52, and the L "Owl" [late-night service]) is located at the secondary access point on Woodside Avenue. A MUNI

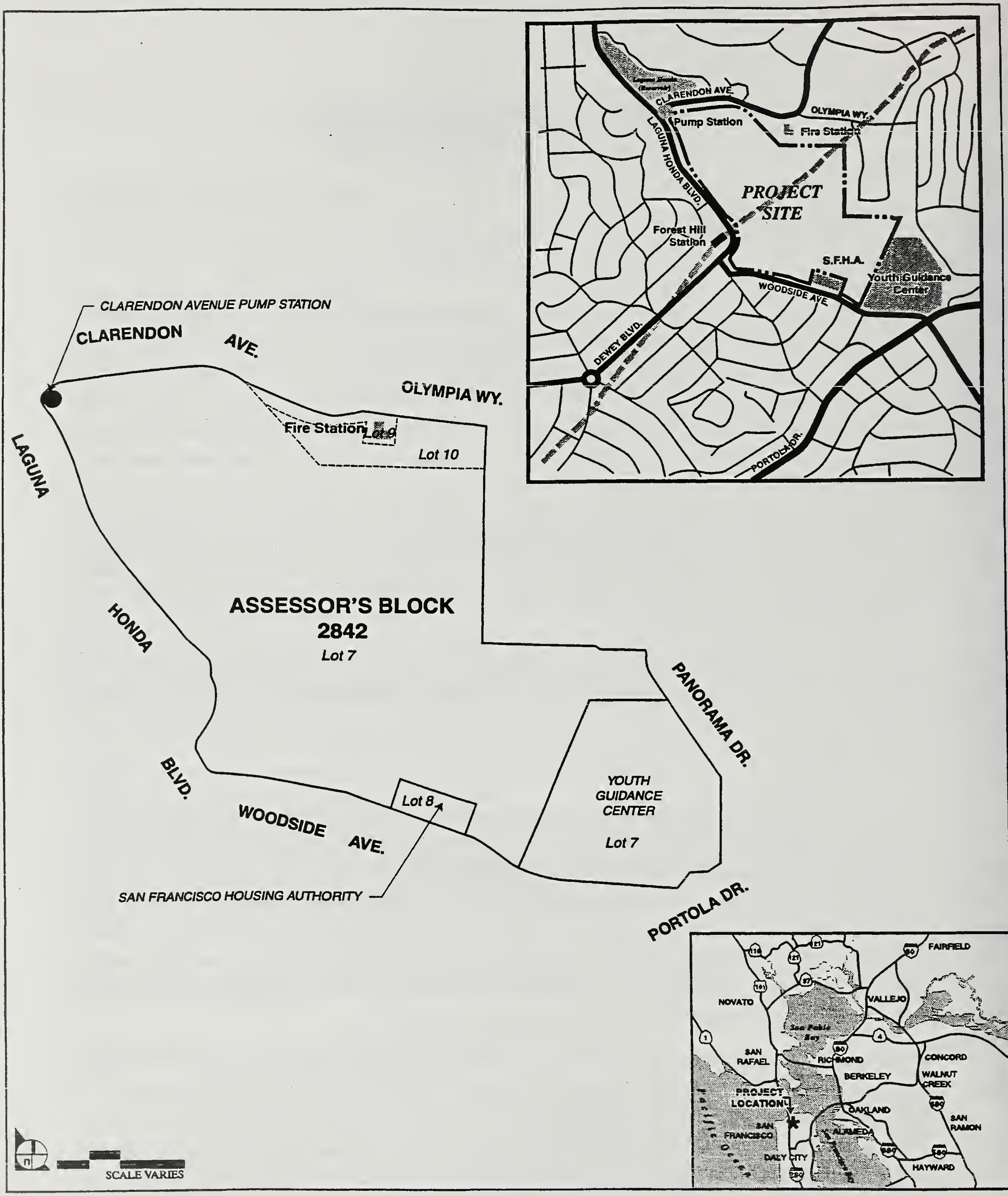


FIGURE 1

Project Location

shuttle bus (Line 89) also delivers passengers from the Forest Hill Station to the hospital main entrance from 6:30 a.m. to 3:00 p.m. daily.

Existing Conditions, Facilities, and Services

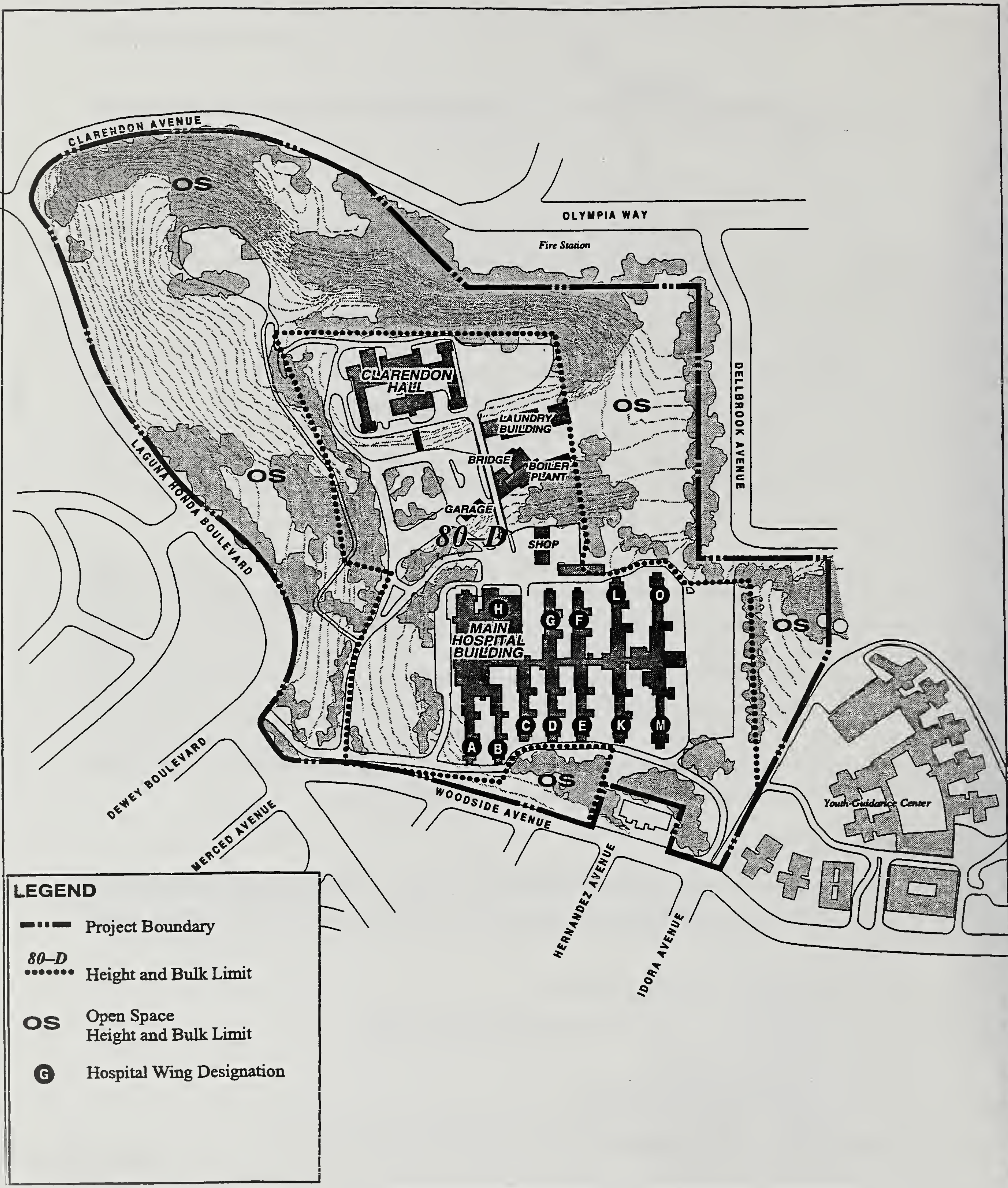
As shown in **Figure 2, Existing Site Plan,** the existing campus is characterized by two principal hospital buildings, the Main Hospital and Clarendon Hall. Each building is situated on a knoll, and both are connected by a bridge structure that spans the valley between the knolls, i.e., Clarendon Valley. Support facilities for the campus are located within Clarendon Valley. The campus is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. Elevations range from 390 feet above sea level in the northeastern portion of the site to 620 feet above sea level in the southeastern portion of the site. The existing vegetation includes mature eucalyptus and other exotic trees and landscaped areas, as well as small areas of native vegetation scattered along the northern portion of the site. The entire project site is within a P (Public Use) zoning district. The developed portions of the project site are within an 80-D height and bulk district; the undeveloped portions of the site are in the OS (Open Space) height and bulk district.

The existing Laguna Honda Hospital provides long-term health care services for the elderly and disabled residents of the City and County of San Francisco only. The hospital's services include skilled nursing care, hospice, rehabilitation, acute medical, senior nutrition, and adult day health services. The existing hospital buildings are mainly located in the southern and central portions of the site, and include the Main Hospital; Clarendon Hall; a bridge structure connecting these two buildings; and ancillary facilities, including a laundry building, boiler and power plant, shop building, garage, and greenhouse. Space in the existing buildings totals about 689,900 gross square feet. The hospital currently operates with an average of 1,065 beds and employs about 1,500 total employees. As recently as Fiscal Year 1997-1998, the hospital has operated with up to about 1,200 beds and 1,600 employees.

Proposed Project

The proposed project would involve the replacement of most of the existing hospital facilities, the construction of additional facilities, and modifications to site access and circulation. The proposed project includes:

- demolition of most of the existing facilities;
- retention and renovation of a portion of the existing Main Hospital;
- construction of a new hospital;
- construction of an assisted living facility;
- expansion of the existing outpatient programs and services by about 25 percent;



SOURCE: City and County of San Francisco

FIGURE 2

Existing Site Plan

- improvements to site access and circulation; and
- reconfiguration of on-site parking.

Proposed Demolition

The existing boiler and power plant, laundry facility, bridge structure, greenhouse, shop building, garage, and Clarendon Hall would be demolished. Wings C, D, E, F, G, K, L, M, and O of the Main Hospital would be demolished and replaced with a new terraced surface parking lot and landscaped grounds. (The letters I, J, and N were not used to designate wings of the existing hospital.) See **Table 1, Proposed Development Plan, and Figure 3, Proposed Demolition Plan.**

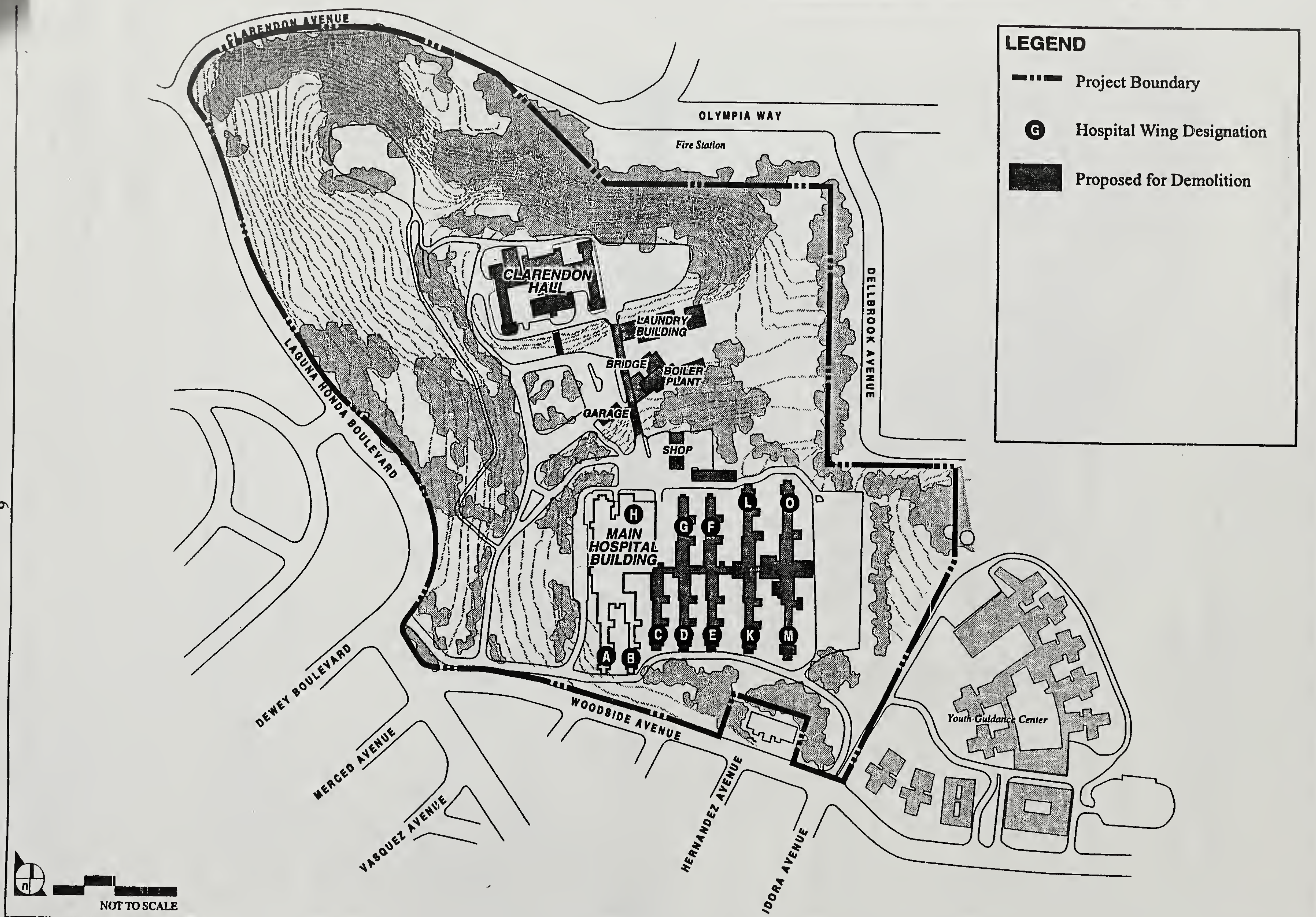
Proposed Construction and Renovation

Proposed new construction would include a hospital and associated support functions, a licensed assisted living facility, and parking lots (see **Table 1, Proposed Development Plan,** and **Figure 4, Conceptual Development Plan).**

Table 1
Proposed Development Plan

Building/Facility Name	Gross Square Feet	Other
Demolition		
Main Hospital (Wings C, D, E, F, G, K, L, M, O)	400,000	N/A
Clarendon Hall	113,000	N/A
Laundry Building	9,500	N/A
Boiler and Power Plant	8,200	N/A
Bridge Structure	13,900	N/A
Shop Building	7,500	N/A
Garage	1,800	N/A
Greenhouse	1,000	N/A
Total Demolition	**554,900**	N/A
Construction		
Hospital	630,000	3 to 7 stories; 1,200 beds
Assisted Living Facility	95,000	4 stories; 140 beds
Total Construction	**725,000**	N/A
Total Existing Building Area to Remain	**135,000**	N/A

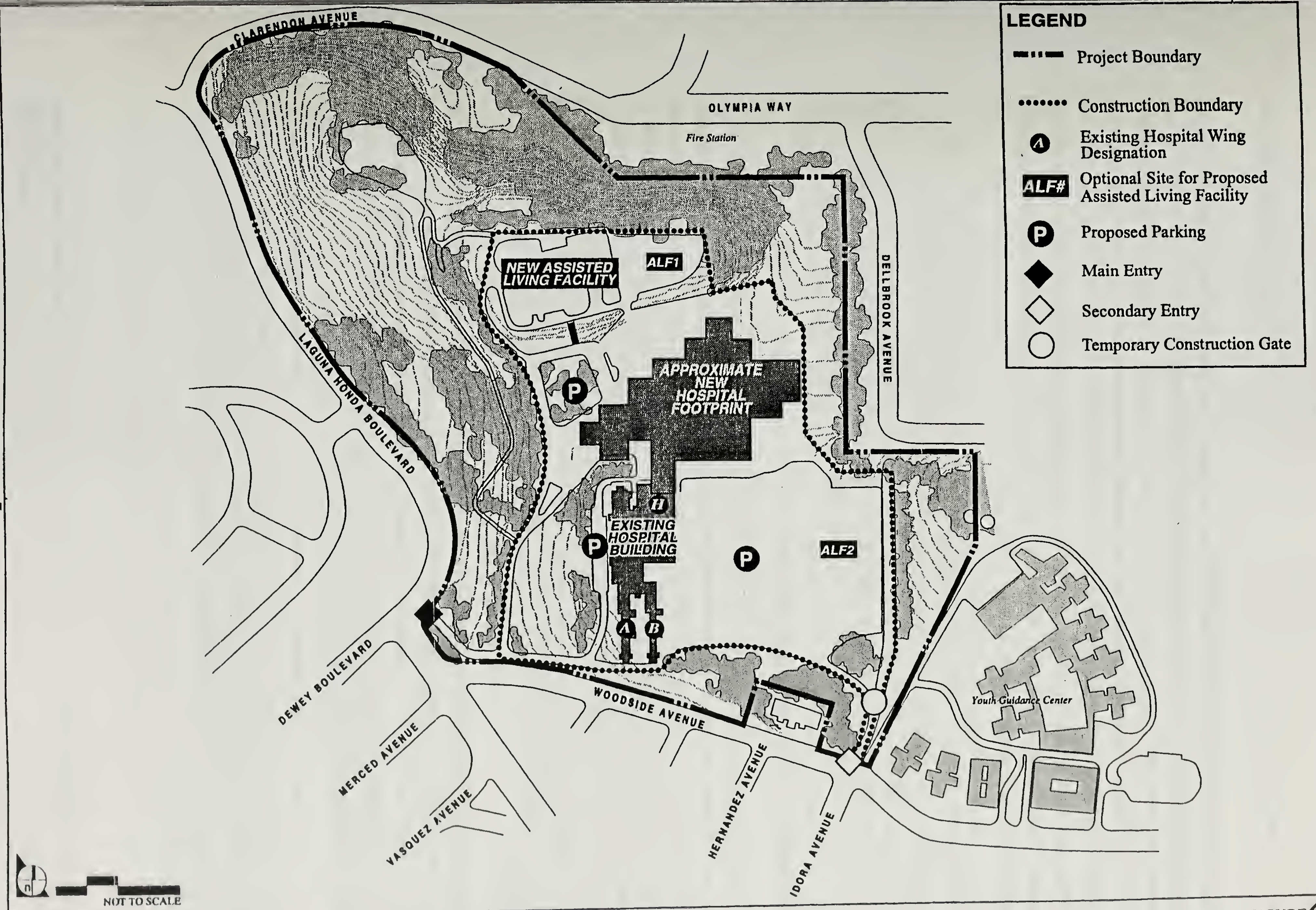
Note: N/A = Not Applicable.
Source: Laguna Honda Hospital Institutional Master Plan, October 1994.



SOURCE: City and County of San Francisco.

FIGURE 3

Proposed Demolition Plan



SOURCE: City and County of San Francisco.

FIGURE 4

Conceptual Development Plan

The new hospital building would be constructed in the central valley portion of the site, in the area of the existing bridge building and other accessory structures. The new hospital building would vary between three and seven stories high, with a grade level elevation in the valley of 478 feet above mean sea level (msl) and maximum heights of up to 80 feet (not including rooftop mechanical equipment). (The grade level of the front of the existing hospital is at an elevation of 516 feet msl, and the building height extends to 579 feet msl at roof level and 619 feet msl at the tower [which is at the front and center of the existing hospital]. The grade level of the rear of the existing hospital is at 560 feet msl, and the building height extends to a roof level of 608 feet msl.)

The configuration of the new hospital building has not been determined; the location shown on **Figure 4** is approximate. As shown, the proposed hospital building would be built into the hillside that slopes down from the existing Main Hospital to the central valley. Some floors of the new hospital building would be functionally connected to the northern end of Wing H of the existing Main Hospital. The proposed new hospital building would be approximately 630,000 gross square feet. Together with the portion of the existing Main Hospital that would be retained (135,000 gross square feet), the proposed hospital facility would total 765,000 gross square feet.

As currently proposed, the assisted living facility would be located on the former site of Clarendon Hall. However, a different site may ultimately be selected through the project design process. Any site selected would be within the construction zone shown on **Figure 4**; this zone includes all areas of the hospital campus in which construction activity could occur (except for minor roadway work, described later in this section). For purposes of environmental review, two optional sites are being considered: (1) east of Clarendon Hall or (2) at the east end of the existing Main Hospital (Figure 4). The assisted living facility would be approximately four stories high, about 50 feet tall. The facility would be about 95,000 gross square feet. Regardless of where the assisted living facility is located, Clarendon Hall would be demolished.

Existing outpatient programs and services provided by the hospital would be expanded. Specifically, the Adult Day Health Care program would serve 75 patients (an increase of 20 patients) and the Senior Nutrition Center would serve 75 patients (an increase of 25 patients). In addition, a new child care center would be provided, and the existing Aqua Therapy and Animal/Horticultural Therapy in-patient program facilities would be replaced with comparable facilities.

During construction of the new hospital, the existing hospital and Clarendon Hall would be served by temporary generators and boilers. A new laundry facility would be constructed as part of the new hospital building; an alternative option under consideration would involve the construction of a separate laundry facility (which may be temporary or permanent), either in Clarendon Valley or in the area of the Main East Parking Lot.

As shown in **Table 1**, the proposed new buildings would total approximately 725,000 gross square feet, about 35,000 gross square feet more than the existing building area. Buildout of the proposed project would accommodate 1,200 total hospital beds (about 135 more beds than are provided at the existing hospital, but about the same number as were provided at the hospital as recently as Fiscal Year 1997-1998) plus 140 assisted living beds. The new hospital building would consist of one-person, two-person, and four-person rooms, in compliance with Federal law. The new assisted living facility would provide 100 units consisting of 1- and 2-person rooms, with a total of 140 beds. Although the hospital would retain its current license to operate 1,457 beds, there are no plans to construct facilities to support more than the 1,200 beds noted. The assisted living facility would operate under a separate license, issued by the California Department of Social Services. The proposed hospital would employ an additional 19 permanent full-time staff. In addition, the hospital would employ an additional 12 full-time equivalent staff (FTEs) for child care, housekeeping, and food services. The assisted living facility would employ approximately 35 FTEs. The proposed project would therefore result in a total increase of 66 full-time and FTE positions at the hospital campus.

The front part of the Main Hospital (i.e., Wings A, B, and H) would be renovated for administrative functions. The exact scope of the renovations has not been determined at this time.

Proposed Transportation, Circulation, and Parking Improvements

No new vehicle access points are proposed as part of the project (alternatives to the proposed project to be evaluated in the Environmental Impact Report, however, may incorporate new vehicle access points). The existing main entry at Laguna Honda Boulevard/Dewey Boulevard/Woodside Avenue and the secondary (single-lane, one-way) entry at Woodside Avenue would be retained under the proposed project. Proposed on-site circulation improvements include new building entries and drop-off zones on the eastern and western sides of the new hospital; construction of a new loading dock at the new main hospital building; and improvements to the existing loading dock, at the northeast corner of Wing H of the remaining portion of the existing hospital. Shuttle bus routes would be adjusted as necessary. Internal access roads may be improved or expanded, and other existing internal roadways and paved surfaces may be resurfaced or restriped.

Existing pedestrian pathways providing access from Laguna Honda Boulevard to the Main Hospital and Clarendon Hall sites would be retained. New pedestrian pathways would provide access between the proposed new structures.

The project would also involve the removal or reconfiguration of existing parking lots (including the Main East, Main Front Entry, Clarendon Hall Entry, Clarendon Valley, and East lots) and the construction of two new parking lots. As shown in **Table 2, Existing and Proposed Parking Spaces**, the new and reconfigured lots would provide a total of 648 parking spaces (an increase of 45 parking spaces above existing parking capacity). The existing Main East Lot, containing 232 spaces, would be replaced by

landscaping. The Main Front Entry Parking Lot would be restriped and resurfaced to provide 25 spaces, instead of the existing 28. The existing 97 spaces in the Clarendon Hall Entry and East lots would be replaced by 50 parking spaces for the proposed assisted living facility. One new parking lot, the Clarendon Valley Parking Lot, would be located west of the proposed new hospital building and would provide 113 parking spaces. A second new terraced and landscaped parking lot would replace the demolished Main Hospital wings and associated 59 service driveway parking spaces and would provide 460 parking spaces.

Table 2
Existing and Proposed Parking Spaces

Parking Lot	Existing Parking Spaces	Proposed Parking Spaces
Main East Parking Lot	232	N/A
Main Front Entry Parking Lot	28	25
Clarendon Hall Entry and East Parking Lots	97	50
Clarendon Valley Parking Lot	138	113
New Terraced and Landscaped Parking Lot	N/A	460
Main Service Lots	59	N/A
Main Service Driveways/Other	7	N/A
Side Lots	35	N/A
On-Street Parking	7	N/A
Total Parking Spaces	**603**	**648**

Note: N/A= Not Applicable
Source: Pittman & Hames Associates, May 2000; Laguna Honda Hospital Institutional Master Plan, October 1994.

Proposed Phasing Plan

The proposed project would be implemented in four phases; the dates listed for each phase are approximate and are subject to change. Phase one would include installation of temporary electrical and mechanical equipment to serve Clarendon Hall and the Main Hospital during construction. Hazardous materials abatement activities in the valley would also occur during this phase. In addition, the existing facilities in the central portion of the site (i.e., Clarendon Valley) – the boiler and power plant, bridge structure, greenhouse, shop building, and garage – would be demolished. The laundry facility may also be demolished during this phase. Demolition activities would include abatement and disposal of hazardous building materials, dismantling of the buildings (use of explosives is not proposed), recycling of building materials if possible, and hauling and disposal of building debris. The demolition portion of phase one is expected to take six months; phase one is scheduled to be complete by Spring 2003.

Phase two would consist of construction of the new hospital building. Upon completion of the new hospital building, patients from Clarendon Hall and the nursing wings of the Main Hospital would be

relocated into the new facility. The construction of the new hospital is expected to take about four and one half years; Phase two is scheduled to be complete by Fall 2007.

Phase three would consist of the demolition of Clarendon Hall and the construction of the assisted living facility (if the proposed location or the optional site east of Clarendon Hall is selected). The laundry facility may also be demolished during this phase, if it is not demolished during phase one. The upgrade and remodeling of existing areas within the Main Hospital would also occur during this phase. The demolition of Clarendon Hall is expected to take six months, and the construction of the assisted living facility, two years; the expected completion date of phase three is Winter 2009.

Phase four would consist of the demolition of the existing Wings C, D, E, F, G, K, L, M, and O of the Main Hospital. A new surface parking lot would be developed in place of the demolished wings. If the assisted living facility is built at the east end of the existing Main Hospital, construction would occur immediately after demolition of the existing wings of the Main Hospital. All other site improvements would be completed during this phase. The expected completion date of phase four is Winter 2009.

The staging area for construction activities would generally be located in Clarendon Valley, east of the existing bridge structure. Temporary construction access roads would be developed near the front entrance of the Main Hospital and along the eastern perimeter of the existing Main East Parking Lot.

Proposed Grading and Utilities Plan

Grading plans have not yet been developed; therefore, exact details are not available at this time. For the purposes of this Initial Study, the grading envelope is assumed to include the existing footprint of the hospital facilities, parking lots, and on-site roads; and the temporary construction access roads. It is also assumed that the grading envelope would extend to the east of Clarendon Valley and Clarendon Hall toward the existing eastern site boundary, and to the west along the existing internal north-south roadway. With respect to utility plans, it is expected that the proposed facilities would connect to the existing City water and sewer systems.

II. SUMMARY OF POTENTIAL ENVIRONMENTAL EFFECTS

A. EFFECTS FOUND TO BE POTENTIALLY SIGNIFICANT

This Initial Study examines the Laguna Honda Hospital project to identify its potential effects on the environment. On the basis of this Initial Study, project-specific effects that have been determined to be potentially significant relate to visual quality (landform modification, view obstruction), transportation, noise (construction), and historical resources. Initial Study Checklist items relating to these resources are noted "TO BE DETERMINED," indicating that these issues will be addressed in the Environmental Impact Report (EIR) to allow a more detailed assessment of whether or not there would be a significant impact. Land use and planning issues will be discussed in the EIR for informational purposes.

B. EFFECTS FOUND NOT TO BE SIGNIFICANT

The following effects of the Laguna Honda Hospital project have been determined to be less than significant or to be mitigated through measures included in the project: population, air quality, utilities/public services, biology, geology/topography, water, energy/natural resources, hazards, and cultural resources. These issues are discussed below and require no further environmental analysis in the EIR.

III. ENVIRONMENTAL EVALUATION CHECKLIST AND DISCUSSION

A. COMPATIBILITY WITH EXISTING ZONING AND PLANS

	Not Applicable	Discussed
1. Discuss any variances, special authorizations, or changes proposed to the City Planning Code or Zoning Map, if applicable.		X
2. Discuss any conflicts with any adopted environmental plans and goals of the City or Region, if applicable.		X

The City Planning Code, which incorporates by reference the City's Zoning Maps, governs permitted uses, densities, and the configuration of buildings within San Francisco. Permits to construct new buildings (or to alter or demolish existing ones) may not be issued unless either the proposed project conforms to the Code, or an exception is granted pursuant to provisions of the Code.

The entire project site is in a P (Public Use) zoning district, which permits land owned by a governmental agency and used for public purposes. The proposed hospital and assisted living facility are principal permitted uses within a P (Public Use) district, because they would be owned by the City and County of San Francisco and used for a public purpose. The developed portions of the site are also in a 80-D height and bulk district, which permits construction to a height of 80 feet; above a height of 40 feet, building bulk in this district is limited to a maximum plan dimension of 110 feet in length and 140 feet on the

diagonal. (The existing Main Hospital and Clarendon Hall exceed the bulk restrictions because these buildings were constructed prior to the enactment of the height and building restrictions.) As detailed building plans have not been completed, conformance with the limits of the 80-D height and bulk district cannot be determined at this time.

The undeveloped portions of the site are in the OS (Open Space) height and bulk district, where the principal or exclusive purpose of land is open space. Future development of land in the Open Space district is strictly limited, and no building or structure or addition thereto shall be permitted unless it conforms to the *San Francisco General Plan.*

Section 304.5 of the Planning Code requires that "each medical institution . . . in the City and County of San Francisco shall have on file with the Department of City Planning a current institutional master plan describing the existing and anticipated future development of that institution. . ." Among the required elements of the plan are a description of "the development plans of the institution, for a future period of not less than 10 years, and the physical changes in the institution projected to be needed to achieve those plans." The current *Institutional Master Plan* for Laguna Honda Hospital was prepared in October 1994 and is on file at the Planning Department; the next update to the *Institutional Master Plan* will occur in 2003-2004. The proposed demolition of existing facilities, renovation of a portion of the existing Main Hospital, construction of a new hospital, and construction of an assisted living facility are all components of the recommended project outlined in the *Institutional Master Plan.* Therefore, the proposed project would be consistent with the *Institutional Master Plan.* The details of the actual design and siting of the project, including the location of the assisted living facility and the design of the new hospital, may differ from the Institutional Master Plan.

In addition to requiring building and demolition permits from the Department of Building Inspection (DBI), the proposed project would require a referral to the City Planning Department for findings of consistency with the *General Plan.* Depending on the proposed siting of the new/replacement buildings, the project might also require adjustment of the boundary between the 80-D and Open Space height and bulk districts. Such an adjustment would be considered a Planning Code amendment pursuant to Section 302 of the Code. The amendment would require a hearing by the Planning Commission; if the Commission finds "from the facts presented that the public necessity, convenience and general welfare require the proposed amendment or any part thereof," the Commission shall approve the amendment and present it to the Board of Supervisors for approval. The Board may adopt the amendment by a majority vote.

The Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of general acute care hospital, psychiatric hospital, and multi-story skilled nursing home and intermediate care facility construction in California. The Facilities Development Division of OSHPD would review the proposed project construction drawings and specifications for code compliance and would issue a building permit upon plan approval. The construction of the new hospital (and the central

plant, if outside of the hospital footprint) would require an OSHPD permit; DBI permits would be required for the demolition of the existing hospital, renovation of the remaining portion of the hospital, construction of the assisted living facility, and construction of the laundry facility (if it is a separate building).

Environmental plans and policies are those, like the *Bay Area Air Quality Plan*, which directly address environmental issues and/or contain targets or standards which must be met in order to preserve or improve characteristics of the City's physical environment. The current proposed project would not obviously or substantially conflict with any such adopted environmental plan or policy.

The *San Francisco General Plan*, which provides general policies and objectives to guide land use decisions, contains some policies that relate to physical environmental issues. The current project would not obviously or substantially conflict with any such policy. In general, potential conflicts with the *General Plan* are considered by decision makers independently of the environmental review process, as part of the decision whether to approve or disapprove a proposed project. Any potential conflict not identified here could be considered in that context, and would not alter the physical environmental effects of the proposed project. The project site is designated as Institutional Facility in the Community Facilities Element and as Public Open Space in the Recreation and Open Space Element of the *San Francisco General Plan*. The proposed project would be consistent with these *General Plan* designations and no amendment would be required.

In November 1986, the voters of San Francisco approved Proposition M, the Accountable Planning Initiative, which added Section 101.1 to the City Planning Code to establish eight Priority Policies. These policies are: preservation and enhancement of neighborhood-serving retail uses; protection of neighborhood character; preservation and enhancement of affordable housing; discouragement of commuter automobiles; protection of industrial and service land uses from commercial office development and enhancement of resident employment and business ownership; maximization of earthquake preparedness; preservation of landmark and historic buildings; and protection of open space. Prior to issuing a permit for any project which requires an Initial Study under CEQA, and prior to issuing a permit for any demolition, conversion, or change of use, and prior to taking any action which requires a finding of consistency with the *General Plan*, the City is required to find that the proposed project or legislation is consistent with the Priority Policies. In reviewing the building permit application for the proposed project, the Planning Department would make the necessary findings of consistency with the Priority Policies.

B. ENVIRONMENTAL EFFECTS

Except for the categories of land use, visual quality, transportation, noise, and historical resources, all items on the Initial Study Checklist have been checked "No" indicating that, upon evaluation, staff has determined that the proposed project could not have a significant adverse environmental effect. Several

of those Checklist items have also been checked "Discussed," indicating that the Initial Study text includes discussion about that particular issue. For all of the items checked "No," without discussion, the conclusions regarding potential significant adverse environmental effects are based upon field observation, staff experience and expertise on similar projects, and/or standard reference material available within the Department, such as the Department's *Transportation Guidelines for Environmental Review*, or the California Natural Diversity Data Base and maps, published by the California Department of Fish and Game. As discussed above, for Checklist items noted as "TO BE DETERMINED," staff have determined that the proposed project may result in a potentially significant impact. Therefore, these items will be analyzed further in the EIR. For each Checklist item, the evaluation has considered the impacts of the project both individually and cumulatively. The text following each topic includes discussion of the particular Checklist items.

	Yes	No	Discussed
1. Land Use. Could the project:			
a. Disrupt or divide the physical arrangement of an established community?		X	X
b. Have any substantial impact upon the existing character of the vicinity?		X	X

The project site is currently in use as a long-term health care facility and is occupied by hospital buildings and support structures, open space, trees, and other vegetated/landscaped areas. The proposed project would result in the demolition of most of the existing structures on the site, the construction of a replacement hospital building, and the construction of a new assisted living facility. Development of the proposed project would involve the relocation of existing hospital residents into the on-site replacement hospital building after it is completed, but would not displace residents from the site. The design and phasing of the proposed project are specifically intended to provide hospital facilities for the current residents throughout the construction phase. There could be some temporary disruption to residents and employees on the site during construction; the environmental effects associated with this disruption (e.g., noise) are discussed in other sections of this Initial Study.

Land uses adjacent to the site include single- and multi-family residential uses, a fire station, church, and the Midtown Terrace Recreation Center to the north; single-family residential uses and the Youth Guidance Center to the east; single-family residential, senior housing, and church uses to the south; and retail/commercial uses, a gas station, church, and the MUNI light rail station to the west. As mentioned above, all hospital facilities would be constructed on site, and there would be no direct impacts to off-site uses or areas. Construction of the new hospital (and renovation of the front portion of the existing Main Hospital) would result in a shift of the existing hospital uses from the southern and eastern portions of

the site toward the interior of the site in Clarendon Valley; although the façade of the front of the Main Hospital would be retained, the overall appearance of uses on the site would become more modern than it is now (because older buildings would be replaced with new ones). The proposed development of a new hospital and assisted living facility would not alter the land use of the site or the surrounding area, nor would it change its character from that of a residential and mixed-use urban area, and thus no significant land use impact would occur. However, land use will be discussed in the EIR for informational purposes.

	Yes	No	Discussed
2. Visual Quality. Could the project:			
a. Have a substantial, demonstrable negative aesthetic effect?		X	X
b. Substantially degrade or obstruct any scenic view or vista now observed from public areas?	TO BE DETERMINED.		
c. Generate obtrusive light or glare substantially impacting other properties?	TO BE DETERMINED.		

Aesthetics/Urban Design

Design and aesthetics are by definition subjective, open to interpretation by decisionmakers and members of the public. A proposed project would therefore be considered to have a significant adverse effect on visual quality only if it would cause a substantial and demonstrable negative change, such as construction of an industrial facility in a pristine, natural area.

The project would involve the development of a new hospital building and assisted living facility, three to seven stories high and four stories high, respectively. The new hospital building would be located north of the existing Main Hospital (which is three to seven stories high) in the central valley area of the site, and would be built into the hillside. Based on preliminary plans, the proposed height of the new hospital building would not extend above the elevations of the existing Main Hospital (the elevations of the existing hospital are 579 feet to 619 feet msl). The basis of comparison for the assisted living facility would depend on its location; the facility would be one story taller than the existing Clarendon Hall (which is three stories high) and one story shorter than Wings M and O of the existing Main Hospital. The majority of the site would remain as open space following project development. Although the height and bulk of the proposed buildings would be substantially taller and larger than those of other development in the surrounding area, the proposed height and bulk are similar to or slightly larger than those of the existing structures on the site. In addition, the project site is located on a hill and surrounded by existing trees and vegetation, which would reduce the contrast between the proposed structures and surrounding residences, churches, and the senior housing facility; the majority of the trees on site would be preserved as part of the proposed project (see the discussion of proposed tree removal on page 17). For these reasons, while the project would result in visual changes, no substantial, demonstrable negative

aesthetic effect would occur. Visual changes will be illustrated in the EIR and discussed in the context of historic resources impacts.

There are numerous trees on the project site, including eucalyptus, black wattle, cypress, and Monterey pine, with a variety of understory shrubs and herbs. The trees vary in height, with many trees that are more than 30 feet tall. The trees are generally clustered along the northern and eastern borders and parts of the western border of the project site; there are also a number of trees in the site interior. The trees along the northern border provide a buffer for views from Clarendon Avenue and Olympia Way. Views from Dellbrook Avenue are generally blocked by the homes along that roadway, but the trees along the eastern project site boundary form a buffer that is visible behind the homes. Along the western boundary of the project site, trees provide a buffer for views from Laguna Honda Boulevard, in the area generally across from Plaza and Magellan Avenues.

The proposed project would result in the removal of existing trees from the site. Precisely which trees would be removed is not known at this time, since conceptual design for the proposed project is currently in progress. Where feasible, trees would be preserved. Based on a review of the proposed construction zone and a site visit, several trees would be removed in the areas between the wings of the existing Main Hospital to be demolished and within the central valley portion of the site, east and west of the existing bridge building. A few trees may also be removed in the area of the Clarendon Hall for the development of the new assisted living facility (if the facility is built on or directly east of the site of Clarendon Hall). The majority of the trees on the site would be preserved, including the mature eucalyptus trees surrounding the site and the native vegetation in the northern portion of the site. The tree buffer would generally be preserved; therefore, impacts related to trees would not be significant. Potential visual changes due to tree removal will be illustrated in the EIR.

Alteration or Obstruction of Views

Views of the project site from Laguna Honda Boulevard, Woodside Avenue, and Dellbrook Avenue would be altered by the development/renovation of the proposed hospital buildings. Views from publicly accessible locations in the vicinity of the project site, such as the Youth Guidance Center, Midtown Terrace Recreation Center, and Laguna Honda Reservoir, may also be altered as a result of the project. The EIR will evaluate the change in views from adjacent public roadways and sensitive locations, using visual simulations of the proposed buildings in the context of surrounding structures.

Light and Glare

The existing buildings are a source of light and glare, and the visitor and employee cars accessing the campus may be a source of glare. Current sources of light within the campus include lighting on the outsides of buildings and lighting in parking lots.

The proposed project would shift some light sources within the site (i.e., for the new hospital building and reconfigured parking areas) and may introduce additional night lighting to the site. Given the proximity of residential, church, and senior housing uses, additional lighting from the proposed project will be analyzed in the EIR.

	Yes	No	Discussed
3. Population. Could the project:			
a. Induce substantial growth or concentration of population?		X	X
b. Displace a large number of people (involving either housing or employment)?		X	X
c. Create a substantial demand for additional housing in San Francisco, or substantially reduce the housing supply?		X	X

The proposed project would involve the demolition of most of the existing facilities; the retention and renovation of the front portion of the Main Hospital building; and the construction of a new hospital, assisted living facility, and parking lots. The project would not displace existing housing, as there is currently no housing on site. All of the existing hospital patients would be relocated to the new hospital facilities, where there would be about 135 additional patient beds. In addition, the proposed assisted living facility would provide 140 beds for the long-term residential care of the elderly and disabled residents in San Francisco. No existing businesses or employees would be displaced, because all existing hospital operations and employees would be retained within the proposed facilities. The hospital intends to retain all existing employees during the proposed construction and after the new hospital is operational.[1]

The proposed hospital is expected to employ an additional 19 full-time permanent staff and an additional 12 FTEs for child care, housekeeping, and food services. The assisted living facility would employ approximately 35 FTEs. The proposed project would therefore result in a net increase of 66 full-time and FTE positions, for a total employment of about 1,566 full-time and FTE staff upon project completion. Many of these new employees could be new employees in San Francisco. San Francisco's employment is projected to increase from about 535,000 employees in 1995 to about 665,300 in 2015, an increase of 24 percent.[2] Therefore, the increase of 66 employees as a result of the project would represent about 0.05 percent of the City's estimated employment growth by the year 2015, even if conservatively assumed to be all new to San Francisco. This potential increase in employment would be negligible in the context of total employment in greater San Francisco.

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1 Funk, Lawrence, Executive Administrator, Laguna Honda Hospital & Rehabilitation Center, personal communication, August 23, 2000.

2 Keyser Marston Associates, Inc., *San Francisco Cumulative Growth Scenario: Final Technical Memorandum*, prepared for the San Francisco Redevelopment Agency, March 30, 1998.

An estimated 311,000 households resided in San Francisco in 1995. By 2015, the number of households is expected to increase by 32,000, or by about 10 percent.[3] Based on a nexus study prepared for the proposed update of the Office Affordable Housing Production Program (proposed to be renamed the Jobs-Housing Linkage Program), the project would generate a demand for about 22 new dwelling units in San Francisco.[4] These new households would represent about 0.07 percent of the City's estimated household growth by the year 2015. This potential increase in housing would be negligible in the context of total households in San Francisco. Further, housing demand in and of itself is not a physical environmental effect; an imbalance between local employment and housing can lead to long commutes with associated traffic and air quality impacts. (Traffic issues are discussed under Checklist item 4, below, and air quality issues are discussed under Checklist item 6, below.)

Given the above information, no impacts to population or housing would occur, and this topic will not be evaluated further in the EIR.

	Yes	No	Discussed
4. Transportation/Circulation. Could the project:			
a. Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system?	TO BE DETERMINED.		
b. Interfere with existing transportation systems, causing substantial alterations to circulation patterns or major traffic hazards?	TO BE DETERMINED.		
c. Cause a substantial increase in transit demand which cannot be accommodated by existing or proposed transit capacity?	TO BE DETERMINED.		
d. Cause a substantial increase in parking demand which cannot be accommodated by existing parking facilities?	TO BE DETERMINED.		

Additional visitors and employees of the new hospital and residents and employees of the assisted living facility would place increased demands on the local transportation system, including increased traffic, transit demand, and parking demand. The EIR will discuss project effects related to transportation and circulation, including impacts on intersection operations, transit demand, and impacts on pedestrian circulation, parking, bicycles, and freight loading, as well as construction impacts.

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3 Ibid.

4 This method multiplies the estimated project-related employment (66 employees) by the fraction of San Francisco employees who live in the City (55 percent). This result, the approximate number of project-related employees who would live in the City (36), is divided by the average number of San Francisco workers in households where San Francisco workers reside (1.63). The estimated housing demand would be 22 units. Based on Keyser Marston Associates, Inc., *Jobs Housing Nexus Analysis, City of San Francisco*, prepared for City and County of San Francisco Office Affordable Housing Production Program, July 1997.

	Yes	No	Discussed
5. Noise. Could the project:			
a. Increase substantially the ambient noise levels for adjoining areas?	TO BE DETERMINED.		
b. Violate Title 24 Noise Insulation Standards, if applicable?		X	X
c. Be substantially impacted by existing noise levels?		X	X

The existing background noise levels in the project area are typical of noise levels in urban San Francisco. The primary source of noise in the vicinity of the project site is traffic; average noise levels along the major roadways near the project site are at least 70 dB(A), L_{dn}.[5] Other sources of noise include construction noise due to other projects in the vicinity, such as the Clarendon Avenue Pump Station project (on the southeast corner of Clarendon Avenue and Laguna Honda Boulevard). The nearest sensitive receptors are the Laguna Honda Hospital patients. Other sensitive receptors include the church to the north of the site, the single-family residences along Dellbrook Avenue, located adjacent to the eastern site boundary, and the senior housing and single-family residences to the south along Woodside Avenue.

Construction Noise and Vibration

Construction noise is regulated by the San Francisco Noise Ordinance (Article 29 of the San Francisco Police Code). The ordinance requires that noise levels from individual pieces of construction equipment, other than impact tools, not exceed 80 dB(A) at a distance of 100 feet from the source.[6] The ordinance does not regulate interior noise levels with respect to construction noise. Impact tools (e.g., jackhammers, pile drivers, and impact wrenches) must have both intake and exhaust muffled to the satisfaction of the Director of Public Works. Section 2908 of the ordinance prohibits construction work between 8:00 p.m. and 7:00 a.m., if the noise would exceed the ambient noise level by 5 dB(A) at the project property line, unless the Director of Public Works authorizes a special permit. Proposed construction activities would not occur within these hours. OSHPD (the State agency that oversees hospital construction) does not have any regulations or standards governing construction noise.[7] The Environmental Protection Agency

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5 According to roadway noise contours from the Environmental Protection Element of the *San Francisco General Plan.*

6 Noise is measured in decibels (dB). The A-weighted sound level or "noise level" is referenced in units of dB(A). It has been developed because the human ear does not respond uniformly to sounds at all frequencies. A doubling of sound energy results in a 3.0 dB(A) increase in noise levels. A 5.0 dB(A) increase is readily noticeable to the human ear and the human ear perceives a 10.0 dB(A) increase in sound level to be a doubling of sound.

7 Babbs, Bill, Facilities Planning Division, OSHPD, personal communication, October 3, 2000.

(EPA) and the International Noise Council have recommended that average noise levels in hospitals not exceed 45 dB(A) during the daytime.[8]

Construction and demolition activities proposed as part of the project would result in on-site and off-site noise increases. Construction activities would include excavation and hauling, building erection, and finishing. Pile driving is not proposed. Demolition and grading activities would involve the use of backhoes, tractors, scrapers, graders, and trucks. Use of explosives for demolition is not proposed. On-site and off-site noise level increases due to construction and demolition activities would be temporary and intermittent and would occur at different times through the phases of project construction. The magnitude of the construction noise impact typically depends on the type of construction activity, the sound level generated by the various pieces of construction equipment in operation, the duration of the construction noise, the distance between the noise source and receptor, and the presence or absence of noise barriers.

During phases one and two of the proposed construction, existing patients and employees of the Main Hospital and Clarendon Hall would be exposed to noise from demolition of certain on-site facilities and construction of the new hospital. Construction and demolition activities would occur as near as about 50 to 70 feet from the Main Hospital and about 300 feet from Clarendon Hall. Because of potential disturbances to hospital residents, construction noise will be analyzed further in the EIR. The EIR will also consider potential cumulative construction noise impacts associated with construction of the proposed project and the Juvenile Hall reconstruction project combined.

Proposed demolition and construction activities would occur as near as about 100 to 150 feet from the closest off-site sensitive receptors, the senior housing along Woodside Avenue and the homes along Dellbrook Avenue. (The homes across Woodside Avenue would be separated from the construction area by the roadway and topography.) If the assisted living facility is constructed at the east end of the existing Main Hospital, some construction activities would occur adjacent to the property lines of two homes along Dellbrook Avenue. Given that construction activities would be temporary and would occur during the daytime, construction noise impacts on off-site receptors would be less than significant.

Construction activities associated with the Clarendon Avenue Pump Station are anticipated to be complete by April 2001, well before construction of the proposed project. The planned Juvenile Hall Reconstruction Project will be completed by December 2003, and thus may coincide with construction at the Laguna Honda facility. The Juvenile Hall project will replace the existing juvenile facility at the San Francisco Youth Guidance Center, adjacent to and east of the Laguna Honda project site. The project includes the phased demolition and replacement of buildings and infrastructure on the site occupied by Juvenile Hall. The buildings that will be demolished include the boys' and girls' housing units, a chapel,

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8 Grumet, Dr. Gerald W., "Pandemonium in the Modern Hospital," in *The New England Journal of Medicine*, February 11, 1993, Volume 328, No. 6.

classrooms, and the gymnasium. Six structures, including the court and administration building, would remain. Demolition and construction activities will occur mainly in the northern part of the Youth Guidance Center site. Given that construction activities would be temporary and would occur during the daytime, the cumulative construction noise impacts on off-site receptors would be less than significant.

Traffic Noise

The proposed project would result in an increase in vehicle trips to the site, which could increase traffic noise levels at off-site locations. However, an approximate doubling of traffic volumes would be necessary to produce an increase in ambient noise levels noticeable to most people. Based on the proposed increase in the number of patient beds and the projected increased in employees, the project is not expected to result in a doubling of traffic volumes. Therefore, the project would not result in a noticeable increase in traffic-generated noise levels in the vicinity of the site, and this topic will not be analyzed in the EIR.

Stationary Noise

The proposed project would include mechanical equipment, such as air conditioning units and chillers, which could produce operational noise. These operations would be subject to the San Francisco Noise Ordinance, Article 29 of the San Francisco Police Code. Compliance with Article 29, Section 2909, would limit noise from building operations, and substantial increases in ambient noise levels due to building equipment noise would not be expected. Periodic noise would result from collection of solid waste from the hospital. Waste collection activities with the project would be similar to current waste collection; therefore, the project would not result in a substantial increase in noise from waste collection.

The proposed project would provide three centralized loading and materials management areas: one at the assisted living facility, one at the new main hospital building, and one at the administration building (adjacent to the northeast corner of Wing H of the Main Hospital). The loading facilities would include a minimum of four spaces at the new main hospital and administration building, and an additional two spaces at the proposed assisted living facility. Based on existing loading conditions, the proposed project would generate a loading demand for 20 trucks per day, and up to 7 trucks during the peak loading hour (approximately 6:30 to 7:30 a.m.). All service vehicles would use the main entry, as they do today. Some nearby noise-sensitive receptors (i.e., hospital patients and residents along Dellbrook Avenue) could perceive noise from freight loading and unloading activities. Typical noises would be associated with truck doors closing, hand trucks or dollies rolling up curbs or loading ramps, and truck engines starting. Freight loading would be expected to occur generally during the normal hospital business hours. In the context of the relatively high existing traffic noise in the vicinity during the day, noise from freight loading and unloading would not be substantial, and would not represent a significant impact. Therefore, this topic will not be evaluated in the EIR.

Interior Noise

The proposed project is a hospital, and as such is not subject to the Title 24 noise standards, which apply to residential and certain other uses. The existing background noise levels on the project site are typical of noise levels in urban San Francisco. This existing noise would be occasionally noticeable within the proposed buildings. With standard construction materials, the new hospital and assisted living facility would be expected to provide an exterior-to-interior noise reduction of at least 25 dB(A), and would likely provide greater noise reduction than the older existing facilities. Therefore, this topic will not be evaluated in the EIR.

	Yes	No	Discussed
6. Air Quality/Climate. Could the project:			
a. Violate any ambient air quality standard or contribute substantially to an existing or projected air quality violation?		X	X
b. Expose sensitive receptors to substantial pollutant concentrations?		X	X
c. Permeate its vicinity with objectionable odors?		X	X
d. Alter wind, moisture or temperature (including sun shading effects) so as to substantially affect public areas, or change the climate either in the community or region?		X	X

Construction Emissions

Construction of the project would create the potential for wind-blown dust to add to the particulate matter in the local atmosphere while soil is exposed. Dust would be generated during building demolition and other construction activities. Earth-moving activities (e.g., grading for the new hospital) could also generate dust. Sensitive receptors in proximity to the project site that could be affected by construction would include the hospital, churches, single-family residences, and senior family housing. Patients and employees on the hospital campus could also be affected by construction of individual projects within other parts of the site. The Bay Area Air Quality Management District's (BAAQMD) *CEQA Guidelines* note that quantification of construction emissions is not necessary, provided that all feasible dust control measures for construction are implemented. In order to reduce the quantity of dust generated during site preparation and construction, the project sponsor has agreed to implement Mitigation Measure 1 (identified on page 47), thereby reducing construction dust impacts to a less-than-significant level. In addition, the sponsor would comply with the dust standards of the Joint Commission

on Accreditation of Health Care Organizations, as set forth in their standards manual, "Environment of Care Essentials."[9] As such, the EIR will not address this topic.

Vehicular Emissions

The BAAQMD has established thresholds for projects requiring its review for potential air quality impacts. These thresholds are based on the minimum size of projects that the District considers capable of producing air quality problems due to vehicular emissions. Traffic associated with the project would increase the emission of criteria air pollutants in the region.[10] The net increase in vehicular emissions was quantified using a detailed version of the URBEMIS computer model for the year 2010 (see calculations in Appendix A). The model incorporates motor vehicle emission factors provided by the Air Resources Board statewide emission factor model (EMFAC7F1.1). Based on the traffic generation estimates provided by Wilbur Smith Associates, the proposed project would not generate vehicular emissions that would exceed the BAAQMD thresholds for criteria pollutants or ozone precursors, including reactive organic gases (ROG), oxides of nitrogen (NO_x), and particulate matter with a diameter of less than 10 microns (PM_{10}). Therefore, no significant air quality impacts due to vehicular emissions would be generated by the project, and no further analysis is required.

Traffic associated with the project would also generate localized carbon monoxide (CO) concentrations in the region. The BAAQMD recommends that CO modeling be conducted for projects resulting in traffic that would affect intersections operating at level of service (LOS) D, E, or F, or would cause a decline to LOS D, E, or F.[11] Based on the traffic generation estimates provided by Wilbur Smith Associates, the proposed project would add trips to the Woodside Avenue/O'Shaughnessy Boulevard/Portola Drive intersection which currently operates at LOS D, and would result in a decline to LOS E under the cumulative (year 2015) scenario (under the project scenario, the intersection would continue to operate at LOS D). Therefore, this intersection requires CO modeling.

A simplified modeling analysis using the California Department of Transportation CALINE4 computer program was conducted to assess CO concentrations 50, 100, and 300 feet from the Woodside Avenue/O'Shaughnessy Boulevard/Portola Drive intersection with traffic from the project and traffic generated by cumulative projects. Traffic generated at this intersection would not result in exceedances of the State 1-hour or 8-hour CO standards under cumulative conditions (CO calculations are included in

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9 Stevens, George, Joint Commission on Accreditation of Health Care Organizations, personal communication, October 4, 2000.

10 State and national ambient air quality standards have been established for the following pollutants: ozone (O_3), carbon monoxide (CO), nitrogen dioxide (NO_2), sulfur dioxide (SO_2), suspended particulate matter with a diameter of less than 10 microns (PM_{10}), and lead (Pb). These pollutants are generally known as "criteria air pollutants." Ozone is not emitted directly, but is formed by chemical reactions between oxides of nitrogen (NO_x) and reactive organic gases (ROG) in the presence of sunlight.

11 Level of service (LOS) is both a quantitative and qualitative description of an intersection or roadway operation ranging from LOS A, or free flow conditions, to LOS F, or highly congested conditions.

Appendix A of this Initial Study).[12] Therefore, impacts related to CO emissions along this roadway intersection would not be significant and no further analysis is required. For these reasons, air quality impacts associated with vehicular emissions will not be analyzed in the EIR.

Odors and Toxic Air Emissions

In general, the proposed hospital uses would not result in objectionable odors; according to Table 4 of the BAAQMD *CEQA Guidelines*, hospitals are not listed as the types of facilities known to emit objectionable odors. Food-related odors would be typical of the food service facilities (i.e., the cafeteria) on the site. In this case, such odors would be controlled in accordance with BAAQMD Regulation 7 for odorous emissions, and applicable requirements of the San Francisco Public Health Department for proper kitchen filtration and food storage and disposal. Consequently, no significant impacts from such odors are anticipated. Therefore, this topic will not be evaluated in the EIR.

Toxic air pollutants are not expected to occur in any large amounts in conjunction with the operation of the project. Only common forms of hazardous or toxic materials typically used or stored in conjunction with institutional uses are expected to occur on site. These materials are not expected to have the potential to generate toxic air emissions in substantial amounts. Given the above information, this topic will not be analyzed in the EIR.

Consistency with the Clean Air Plan

For a proposed project that does not individually have a significant air quality impact, the BAAQMD requires a determination of consistency of the project with the applicable general plan, and of the general plan with the regional air quality plan. As noted previously in this Initial Study, the proposed Laguna Honda Hospital replacement project would be consistent with the *San Francisco General Plan.*

The general purposes of comparing (in this case) the *San Francisco General Plan* with the BAAQMD *Clean Air Plan* are to determine whether the *General Plan* 1) supports attainment of the State air quality standards (through consistency with population-based emissions forecasts in the *Clean Air Plan*), and 2) supports the performance objective in the California Clean Air Act to reduce the rate of increase in passenger vehicle trips and miles traveled.

The City and County of San Francisco has established land use and transportation policies in the *San Francisco General Plan* that are intended to (among other purposes) improve air quality in San Francisco. The following are included in the policies of the Transportation Element of the *General Plan*, and are

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12 CO emissions were calculated based on the projected p.m. peak hour turning movements reported in the transportation study prepared by Wilbur Smith Associates. Use of the projected p.m. peak hour turning movements presents a worst-case scenario of potential CO emissions because the p.m. peak hour is the time period when the maximum use of the transportation system occurs, and when the system capacity is at a maximum.

aimed at reducing congestion on roadways; giving priority to public transit; managing the supply of parking in the downtown area; and promoting coordination between land use and transportation to improve air quality:

- Congestion Management;
- Transit First Policy;
- Transportation Demand Management;
- Transportation System Management;
- Parking Management and Citywide Parking; and
- Mass Transit.

Among these policies, the Transit First policy is aimed at restoring balance to a transportation system by improving the overall mobility for all residents and visitors. It encourages the use of transit and other alternatives to the single-occupant vehicle as modes of transportation, and gives priority to the maintenance and expansion of the local transit system and the improvement of regional transit coordination.

Other policies in the *General Plan* (Air Quality Element) that help reduce vehicle miles traveled include:

- (Policy 3.1) Take advantage of the high density development in San Francisco to improve the transit infrastructure and also encourage high density and compact development where an extensive transportation infrastructure exists;

- (Policy 3.2) Encourage mixed land use development near transit lines and provide retail and other types of service-oriented uses within walking distance;

- (Policy 3.3) Continue existing city policies that require housing development in conjunction with office development and expand this requirement to other types of commercial developments;

- (Policy 3.4) Continue past efforts and existing policies to promote new residential development in and close to the downtown area and other centers of employment;

- (Policy 3.5) Continue existing growth management policies in the city and give consideration to the overall air quality impacts of new development including its impact on the local and regional transportation system in the permit review process;

- (Policy 3.6) Link land use decision making policies to the availability of transit and consider the impacts of these policies on the local and regional transportation system; and

- (Policy 4.1) Increase awareness and educate the public about negative health effects of pollution caused by mobile sources.

Shadow Effects

Section 295 of the City Planning Code was adopted in response to Proposition K (passed in November 1984) in order to protect public open spaces from shadowing by new structures during the period between one hour after sunrise and one hour before sunset, year-round. Section 295 restricts new shadow upon public open spaces under the jurisdiction of the Recreation and Park Department by any structure exceeding 40 feet unless the City Planning Commission finds the impact to be insignificant. The new hospital building would vary between 3 to 7 stories high, with maximum heights of up to 80 feet and the new assisted living facility would be approximately 4 stories high, with heights of about 50 feet; therefore, these buildings are subject to Proposition K requirements. Public open spaces near the project site include the Midtown Terrace Recreation Center, northeast of the site on Olympia Way; the Interior Park Belt, north of Midtown Terrace; Mount Davidson Park, about one-half mile south of the project site; Sunset Heights Park and Hawk Hill Park, about one-half mile west of the project site; Twin Peaks, about one-half mile east of the project site; and a small park at the corner of Laguna Honda Boulevard and Vasquez Avenue, just south of the project site. The Interior Park Belt, Mount Davidson Park, Sunset Heights Park (also known as Golden Gate Heights), Hawk Hill Park, and parts of Twin Peaks are under the jurisdiction of the Recreation and Park Department.[13]

To determine whether this project would conform with Section 295, a shadow fan analysis was prepared by the Planning Department. This analysis determined that the project shadow would not shade public areas subject to Section 295. (A copy of the shadow fan analysis is available for review at the Planning Department , 1660 Mission Street, as part of case file 2000.005K.) Because of the proposed building height and the configuration of existing buildings in the vicinity, the net new shading which would result from the project's construction would be limited in scope, and would not increase the total amount of shading above levels which are common and generally accepted in urban areas.

Wind Effects

Given the relatively low height of the proposed buildings (80 feet or less), and the fact that the site is fairly isolated (i.e., located on a hill and surrounded by an existing vegetation buffer) from surrounding residential neighborhoods and pedestrian walkways, no significant wind effects from the project are anticipated. Therefore, this topic will not be addressed in the EIR.

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13 Morlin, Mike, Assistant Superintendent of Parks, San Francisco Recreation and Park Department, personal communication, January 26, 2001.

	Yes	No	Discussed
7. Utilities/Public Services. Could the project:			
a. Breach published national, state or local standards relating to solid waste or litter control?		X	X
b. Extend a sewer trunk line with capacity to serve new development?		X	X
c. Substantially increase demand for schools, recreation or other public facilities?		X	X
d. Require major expansion of power, water, or communications facilities?		X	X

Solid Waste

San Francisco's solid waste is disposed of at the Altamont Landfill. A substantial expansion of the landfill was approved in 1997 that would allow the landfill to accommodate San Francisco's solid waste stream well into the future. The proposed project would result in an increase of up to 66 full-time staff, and up to 275 hospital and assisted living beds, and therefore, the demand for and use of solid waste services would increase. However, this increase would not be in excess of amounts expected and provided for in the project area, and would not be expected to have any substantial effect on the life of the Altamont Landfill. No national, State, or local solid waste standards would be violated. Therefore, the proposed project would not result in significant impacts related to waste generation, and this topic will not be analyzed in the EIR.

Wastewater

The site is served by San Francisco's combined sewer system, which handles both sewage and stormwater runoff. (Impacts related to stormwater runoff are discussed under Checklist item 10, Water, below.) The proposed project buildings would be connected to existing sewer lines. Construction of new sewer trunk lines would not be needed because the project area is already adequately served by existing sewer infrastructure.

Wastewater treatment is provided primarily by the Southeast Water Pollution Control Plant. The proposed project would meet the wastewater pre-treatment requirements of the San Francisco Public Utilities Commission, as required by the San Francisco Industrial Waste Ordinance. According to the Southeast Water Pollution Control Plant, the treatment facility currently receives 16 to 17 million gallons of wastewater per day. The design capacity for the treatment facility is 21 million gallons of wastewater per day. The additional facilities, patients, and employees resulting from the proposed project would generate approximately 24,000 gallons of wastewater per day. Therefore, the proposed project would incrementally increase wastewater flows, but not in excess of amounts expected and provided for in the

project area, and would not be expected to have a significant effect on sewer services. This topic therefore will not be addressed in the EIR.

Other Public Utilities

The proposed project would result in an increase of up to 66 full-time staff, and up to 275 hospital and assisted living beds. As a result, there would be an incremental increase in the demand for and use of power, water, communication, and other public utilities, but not in excess of amounts expected and provided for by the existing utility infrastructure. Significant effects on these public utilities are, therefore, not expected, and this topic will not be analyzed in the EIR. (Energy use is discussed under Checklist item 11, below.)

Police and Fire Protection Services

The project site is currently developed with a hospital, which receives police and fire protection services. The proposed project would result in an increase of up to 66 full-time staff, and up to 275 hospital and assisted living beds. The proposed replacement hospital would generate a similar demand for such services as provided by the existing hospital. Development of a new assisted living facility could increase the number of calls for service above the existing demand. However, the project-related increase in demand for police and fire protection services would not be substantial given the overall demand for such services in central San Francisco. Further, emergency access routes to the hospital would remain the same upon implementation of the proposed project. Therefore, no new police or fire protection facilities would be required to serve the proposed project. Impacts to police and fire protection service would therefore not be significant, and this topic will not be addressed in the EIR.

Recreation

There are no public recreation facilities on the project site. Several informal, unpaved trails on the site are used occasionally by area residents. Outdoor amenities currently provided for hospital patients include a small garden adjacent to the hospice section of the hospital and a victory garden near the greenhouse. The proposed project would involve the development of a new hospital, assisted living facility, and parking areas; the majority of the site would remain as open space. Activities for the hospital patients and residents of the assisted living facility would be provided by the hospital and assisted living facility. The existing gardens on the project site would be retained or replicated. The project would not directly increase the residential population of San Francisco, and thus would not result in an increased demand for recreational facilities. Impacts to recreation facilities would not be significant, and this topic will not be addressed in the EIR.

	Yes	No	Discussed
8. Biology. Could the project:			
a. Substantially affect a rare or endangered species of animal or plant or the habitat of the species?		X	X
b. Substantially diminish habitat for fish, wildlife or plants, or interfere substantially with the movement of any resident or migratory fish or wildlife species?		X	X
c. Require removal of substantial numbers of mature, scenic trees?		X	X

A field survey was conducted on May 23, 2000 by Impact Sciences to identify biological resources on the project site and to confirm the conclusions of the biological resources report prepared in 1994 by Leitner, Arnold, and Renshaw.[14] Portions of the project site immediately adjacent to the buildings are generally landscaped with ornamental plants. Most of the remainder of the site is dominated by invasive exotic plants and trees, particularly blue gum eucalyptus trees (*Eucalyptus* sp.), Himalayan blackberry (*Rubus discolor*), brooms (*Cytisus* sp. and *Genista* sp.), and English ivy (*Hedera helix*). Small amounts of native vegetation are scattered along the northern portion of the site, including willows (*Salix* sp.) in the low, creekside area, wildflowers amongst the non-native grasslands in the northwestern portion of the site, and poison oak (*Toxicodendron diversilobum*) shrubs among the eucalyptus trees.

An intermittent creek running parallel to Clarendon Avenue is located in the northwestern portion of the site. A biological investigation of the project site conducted in January 1994 noted that the creek represented potential habitat for the San Francisco forktail damselfly (*Ischnura gemina,*), proposed for federal listing at the time of the study but no longer considered a special status species, and the Tomales isopod (*Caecidotea tomalensis*), a federal Species of Concern;[15] however, both these species are associated with permanent bodies of standing water, and the damselfly prefers open, sunlit areas. Given that (1) no water was observed in the creek during the previous investigation, (2) the sloping nature of the creek limits the presence of standing water, and (3) the dense canopy of eucalyptus trees lining the creek limits the amount of direct sunlight, the 1994 biology report concluded that neither the damselfly nor the isopod is expected to occur on the site. During the May 23, 2000 field survey, the creek was inaccessible due to the impenetrable growth of Himalayan blackberries. Because the creek was found to contain several willows, it may contain running water. However, the other site conditions (sloping nature of the creek and dense canopy of trees present) would make the site unsuitable habitat for the damselfly and the

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14 Impact Sciences, *Biological Site Assessment of the Laguna Honda Hospital Project Site*, memorandum, May 30, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

15 Leitner, Arnold and Renshaw, *Biological Resources Scoping Study, Laguna Honda Hospital Project*, San Francisco California, January, 1994. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

isopod. Other than the potential for running water in the creek, site conditions in all of the undeveloped portions of the site were found to be relatively unchanged since 1994.

During the May 23, 2000 field survey, a number of common wildlife species were observed on the site, including house finch (*Carpodacus erythrinus*), white-crowned sparrow (*Zonotrichia leucophrys*), European starling (*Sturnus vulgaris*), olive-sided flycatcher (*Contopus cooperi*), Wilson's warbler (*Wilsonia canadensis*), bushtit (*Psaltriparus minimus*), American robin (*Turdus migratorius*), California towhee (*Pipilo crissalis*), and red-shouldered hawk (*Buteo linneatus*). No rare or endangered plant or animal species were observed during the field survey.

A search of the California Department of Fish and Game's California Natural Diversity Data Base identified the San Francisco gumplant (*Grindelia maritima*) and the mission blue butterfly (*Icaricia icarioides missionensis*) as present in the area. The potential for occurrence of these species was evaluated in the 1994 biology report and was dismissed due to the lack of suitable habitat on site. As noted above, the undeveloped portions of the site appear to be unchanged since 1994, as they remain greatly dominated by non-native exotic vegetation.

Development of the project would require the removal of several trees from the site, particularly in the central Clarendon Valley portion of the site and in the area of the existing Main Hospital wings to be demolished. Given that these trees are not utilized by any special-status wildlife species, their removal would not be considered a significant impact. Visual quality impacts of tree removal are discussed under Checklist item 2, Visual Quality, above.

As stated previously, most of the project site does not contain native vegetation. The 1994 biology report concluded that no rare or endangered plant or animal species are expected to occur on the project site; this conclusion was confirmed in the May 2000 field survey. No development would occur in or near the location of the creek on the project site, and no fish or aquatic species habitat would be directly affected by project development. For the above reasons, significant impacts to biological resources would not occur, and this topic will not be addressed in the EIR.

	Yes	No	Discussed
9. Geology/Topography. Could the project:			
a. Expose people or structures to major geologic hazards (slides, subsidence, erosion and liquefaction)?		X	X
b. Change substantially the topography or any unique geologic or physical features of the site?		X	X

Except as otherwise noted, the information presented below regarding geology and topography is based on a geotechnical investigation prepared by URS Corporation in October 2000.[16] The URS Corporation report also reflects the results of a geotechnical investigation prepared by Woodward-Clyde Consultants in January 1982.[17]

Subsurface Profile

The major geologic units encountered at the project site include predominantly Colma Sand, and limited alluvium in Clarendon Valley. Other geologic units encountered at the project site include artificial fill, colluvium, and dune sand. Franciscan bedrock, which is typically present below the Colma Foundation or the alluvium/colluvium units, is estimated to vary in elevation from approximately 300 to 450 feet (City and County of San Francisco Datum).

For purposes of discussing subsurface conditions, the site can be subdivided into three separate areas: (1) the high ground area around Clarendon Hall, (2) the high ground area just north of the existing Main Hospital building, and (3) the low-lying area and sloping ground between those two areas.

The Clarendon Hall area is underlain by very dense Colma Sand. In some areas, the upper 5 to 10 feet may include a thin layer of fill and, possibly, a dune sand layer that is typically medium dense to dense. Tests performed for the report showed the soils to be consistently very dense from the surface to the maximum depth explored (35 to 50 feet).

The subsurface conditions near the existing Main Hospital building are characterized by very dense Colma Sand that extends from a depth of approximately 2 to 5 feet below the ground surface to the maximum depth explored (40 to 50 feet). The near-surface soils consist of 2 to 5 feet of silty to clayey sand and sandy clays that are generally very stiff to hard soils.

The subsurface conditions in the low-lying area (which generally corresponds to Clarendon Valley) include a layer of fill, typically less than five feet thick, consisting of silty sand with clay pockets, gravel, and wood fragments; a series of interbedded deposits, consisting of silty sand to sandy silt, clayey sand to sandy clay, and clay that generally range from stiff to hard; and very dense Colma Sand (within most of the area). Within a relatively small area, rock was encountered below the Colma Sand or below the alluvium/colluvium layers.

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16 URS Corporation, *Geotechnical Investigation and Geologic and Seismic Hazards Assessment, Laguna Honda Hospital*, Final Report, October 6, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

17 Woodward-Clyde Consultants, *Geotechnical Investigation for the Laguna Honda Hospital Feasibility Study*, January 11, 1982. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

Based on field observation, it appears that the groundwater level is deeper than 50 feet below the ground surface, and perhaps as deep as 100 feet. Perched groundwater may be present over the colluvium layer, in areas where bedrock is present at relatively shallow depths.

Geologic and Seismic Hazards

The site is in the seismically active San Francisco Bay area, and is subject to the effects of large magnitude earthquakes. The significant earthquakes that have occurred in the Bay Area are generally associated with crustal movement along well-defined active fault zones that include the San Andreas, Hayward, and Calaveras faults. The San Andreas and Hayward faults have the highest slip rates and are the most seismically active faults in the Bay Area. Other faults within the project vicinity that are capable of producing large-magnitude earthquakes are the San Gregorio, Calaveras, Rodgers Creek, and Greenville faults. The closest active fault to the project site is the San Andreas fault, which is approximately 4.7 miles southwest of the site. Two local inactive faults have been mapped in the vicinity of the project site: the City College fault and the Hillside fault, which are approximately 1 mile and 2.8 miles to the southwest, respectively. No active or potentially active faults have been mapped on or adjacent to the project site.

According to the Community Safety Element of the *San Francisco General Plan*, the project site is within an area subject to groundshaking from earthquakes along the San Andreas and Northern Hayward faults and other faults in the San Francisco Bay Area (Maps 2 and 3 of the Community Safety Element). The proposed facility would likely experience strong seismic shaking during its design lifetime. The highest peak ground acceleration at the project site is expected to occur from a Mw 7.8 earthquake on the San Andreas fault.[18] Estimates of peak ground acceleration were made for two probability levels corresponding to (1) a low-level event having a 10 percent probability of exceedance in 50 years, and (2) an upper-level event having a 10 percent probability of exceedance in 100 years. The estimated peak ground acceleration values for the central portion of the site range from 0.7g to 0.83g; the estimated peak ground acceleration values for the remainder of the site range from 0.65 to 0.77g.[19] Potential impacts related to groundshaking would improve upon implementation of the proposed project because the proposed buildings would meet current requirements for seismic resistance, unlike the existing structures, which are seismically unsound.

The project site is not located in an Alquist-Priolo Earthquake Fault Zone. Based on the absence of zoned faults, and the lack of geomorphic expression of faulting in the site vicinity, the hazard from ground rupture is considered low. Therefore, no impacts with respect to fault rupture are anticipated to occur.

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18 Mw = moment magnitude, a measure of earthquake magnitude (based on rupture area) recommended by the California Division of Mines and Geology for seismic analysis.

19 Units of gravity, expressed as a percentage (e.g., 0.2g is equal to 20 percent of gravity).

According to the *San Francisco General Plan*, the project site is located within an area susceptible to landslide hazards (Map 5 of the Community Safety Element). Landslides have been mapped and reported near the site at Castaneda Street, near Clarendon Avenue; the Youth Guidance Center; Twin Peaks Boulevard, between Panorama and Portola; and Twin Peaks Boulevard south of La Place Canyon. A review of aerial photographs and geologic reconnaissance of the site, however, did not reveal any evidence of landslides, and exploratory borings indicated that the Colma Formation, which underlies the hospital structures, contains dense to very dense sands and clayey sands that are considered resistant to landsliding. The potential for seismically-induced landsliding is therefore considered to be low, and significant impacts related to landsliding are not expected to occur.

The project site is not within an area of liquefaction potential designated by the Division of Mines and Geology on the State of California Seismic Hazard Zones Map. Based on the late Pleistocene age of the Colma formation, the moderate to very high density of the sands, and the depth of groundwater (deeper than 30 feet), the potential for liquefaction to occur is low. As such, no significant impacts related to liquefaction, lurching, or lateral displacement are expected to occur on the site.

Loose soils at the project site susceptible to densification due to earthquake shaking are typically less than five feet thick and tend to be near the ground surface. Much of this soil would be removed during the construction process. Therefore, the risk of densification and differential settlement is considered to be very low.

The project site is located at an elevation of about 500 feet above sea level and is approximately 2.8 miles from the Pacific Ocean. According to the *San Francisco General Plan* (Map 6 in the Community Safety Element) the site is not within the boundary of inundation from a 20-foot tsunami at the Golden Gate. Therefore, no significant impacts with respect to tsunamis are expected to occur.

Seiches are waves in an enclosed body of water. The project site is located approximately 0.25 miles southeast of the Laguna Honda Reservoir, a 6-acre reservoir that was constructed in the late 1860s. Given this distance, and the fact that the project site is 100 feet higher in elevation, no significant impacts related to seiches are anticipated to occur.

The closest reservoir to the site, the Sutro Reservoir, is located approximately 1,000 feet northeast and downstream of the site (the reservoir is beneath the Midtown Terrace Recreation Center). According to the *San Francisco General Plan* (Map 7 in the Community Safety Element) the project site is located within a possible area of inundation due to reservoir failure. However, the lowest elevation on the project site (at the northern end of the site) is approximately 100 feet above the channel, so that flooding as a result of potential reservoir failure would not result in a significant impact. Two water tanks are located approximately 250 feet east of the existing Main Hospital, in the eastern corner of the project site. The tanks are seismically anchored to their bases, and the pipelines connected to the tanks have been

seismically retrofitted.[20] Therefore, the tanks are not expected to inundate the site in the event of an earthquake-induced failure. For these reasons, no significant impacts with respect to seismically-induced flooding are expected to occur.

The project sponsor has provided a geotechnical investigation report prepared by a California-licensed geotechnical engineer (the 2000 URS Corporation report referenced previously) that is on file with the Planning Department and available for public review as part of the project file. The geotechnical report found the subsurface conditions to be suitable for the proposed construction. Definitive recommendations cannot be provided at this stage of project design. Generalized recommendations contained in the report include but are not limited to:[21]

- Use of seismic design criteria based on the 1997 Uniform Building Code (UBC) and the 1995 City Building Code (CBC);
- Use of certain soil-bearing pressures for spread footings of various sizes, at various depths beneath the ground surface;
- Use of drilled piers, Tubex piles, or steel-reinforced cement piles for deep foundations;
- Use of piles or tie-down anchors if shallow foundations are used;
- Use of specified criteria for the design of the foundation system to resist lateral forces;
- Guidelines for construction of slab-on-grade floors;
- Use of a vapor barrier below slabs where dampness caused by vapor transmission through the soil and concrete slab is unacceptable; and
- Use of shoring or sloping cuts for temporary excavations, and specified slope limits.

Additional geotechnical work would be required to finalize the geotechnical and seismic recommendations for the design of the facility. Additional explorations may also be required. The sponsor has agreed to incorporate the recommendations of these investigations into the design of the proposed project.

OSHPD and DBI would review the final building plans for the proposed project, with respect to their areas of jurisdiction. In reviewing building plans, DBI refers to a variety of information sources to determine existing hazards and assess requirements for mitigation. Sources reviewed include maps of Special Geologic Study Areas and known landslide areas in San Francisco as well as the building inspectors' working knowledge of areas of special geologic concern. OSHPD would review the building

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20 Funk, Lawrence, Executive Administrator, Laguna Honda Hospital & Rehabilitation Center, personal communication, August 23, 2000.

21 URS Corporation, *Geotechnical Investigation and Geologic and Seismic Hazards Assessment, Laguna Honda Hospital,* Final Report, October 6, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

plans for compliance with standards established pursuant to the Hospital Seismic Safety Act. The above-referenced geotechnical investigation(s) would be available for use by the DBI and OSHPD during their review of building permits for the site. Also, DBI could require that additional site-specific soils report(s) be prepared in conjunction with permit applications, as needed. Adherence to the above measures would reduce all impacts related to geotechnical hazards to a less-than-significant level.

Unique Geologic and Topographic Features

The project site consists primarily of developed areas (the hospital building, Clarendon Hall, bridge building, support structures, parking lots), forested areas, and landscaped open space. The site does not contain any unique geologic or topographic features; therefore, no impacts related to such features would occur.

Other Geologic Issues

Depending on the depth of earthwork required for the project, dewatering may be necessary during excavations for the proposed structures. Potential impacts related to dewatering are discussed under Checklist item 10, Water, below. Site grading would disturb the existing fill material. Measures to prevent dust and transfer of soil to adjacent streets are discussed above under Checklist item 6, Air Quality/Climate.

According to the project sponsor, pile driving is not anticipated to be used as part of the project, given the low potential for settlement at the site. Therefore, no significant impacts with respect to pile driving activities would occur.

Based on the discussion above, significant impacts associated with geology and topography are not anticipated. Therefore, these topics will not be addressed in the EIR.

10. Water. Could the project:	Yes	No	Discussed
a. Substantially degrade water quality, or contaminate a public water supply?		X	X
b. Substantially degrade or deplete groundwater resources, or interfere substantially with groundwater recharge?		X	X
c. Cause substantial flooding, erosion or siltation?		X	X

Water Quality

The project site currently drains from the two knolls into Clarendon Valley; the drainage from the eastern and western portions of the Main Hospital and Clarendon Hall flows eastward and westward, respectively, off the site into the combined sewer system operated by the San Francisco Public Utilities

Commission. Water from the combined sewer system is treated at the Southeast Water Pollution Control Plant prior to discharge into the San Francisco Bay. Surface runoff in the area north of Clarendon Hall does not enter the City's combined sewer system and drains to the Laguna Honda Reservoir located to the northwest of the site. The project site does not contain a public water supply, and the developed portions of the site do not drain into a public water supply.

During a Phase I Environmental Site Assessment of the project site conducted in April 2000 by Weiss Associates, no point sources of water pollution were identified. In addition, there was no indication of contact of stormwater with outdoor industrial areas, and no industrial wastewater streams were identified other than those associated with the laundry building (where detergents could be released into the combined sewer system).[22] The site is currently exempt from stormwater monitoring requirements for runoff that may contain toxic pollution, based on the hospital's Standard Industrial Classification code as stated in the State Water Resources Control Board Water Quality Order No. 97-03-DWQ.

The proposed project would not introduce any new point sources of water pollution, given that the proposed uses would generally remain the same as the existing uses. However, the project would slightly increase non-point sources of water pollution due to the projected increased use of the project site by automobiles and trucks, and project-generated automobile and bus travel contributing to pollution in runoff from nearby roadways. As under existing conditions, runoff from the project site would enter the City's combined sewer system and Laguna Honda Reservoir. Treatment of runoff in the combined sewer system would be provided pursuant to the effluent discharge limitations set by the Southeast Water Pollution Control Plant National Pollutant Discharge Elimination System (NPDES) permit. The area north of Clarendon Hall (which drains into the Laguna Honda Reservoir) would continue to be undeveloped and, therefore, the quality of drainage from this area would not change. Given this information, no impacts related to water quality or supply would occur. Therefore, water quality will not be analyzed in the EIR. (Potential impacts related to changes in impermeable surfaces are discussed under "Flooding, Erosion, and Siltation" below.)

Groundwater Resources

According to the Phase 1 Environmental Site Assessment report, there is no evidence of contamination of the groundwater underlying the site.[23] The project would involve development of an assisted living facility (within generally the same building footprint as the existing Clarendon Hall or elsewhere within the proposed construction zone) and new hospital building (within a slightly larger footprint compared to the existing Main Hospital and support structures). Given that a substantial amount of the site will remain as open space, no impacts related to interference with groundwater recharge would occur.

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22 Chamberlain, Melissa, Weiss Associates, personal communication with Impact Sciences, June 13, 2000.

23 Weiss Associates, *Laguna Honda Hospital Draft Final Phase I Environmental Site Assessment*, April 21, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

Dewatering could be required as part of project excavation. Any groundwater encountered during construction of the proposed project would be subject to the City's Industrial Waste Ordinance (Ordinance Number 199-77), which requires that groundwater meet specified water quality standards prior to discharge into the sewer system. The Bureau of Systems Planning, Environment and Compliance of the San Francisco Public Utilities Commission must be notified of projects necessitating dewatering, and may require water analysis before discharge.

Should dewatering be necessary, the final geotechnical report for the project would address the potential for associated settlement and subsidence. The report would contain a determination as to whether or not a lateral movement and settlement survey should be conducted during dewatering to monitor any movement or settlement of surrounding buildings and adjacent streets. If a monitoring survey is recommended, the Department of Public Works would require that a Special Inspector (as defined in Article 3 of the Building Code) be retained by the project sponsor to perform this monitoring. In addition, groundwater observation wells would be installed to monitor potential settlement and subsidence. If, in the judgment of the Special Inspector, unacceptable movement were to occur during dewatering, groundwater recharge would be required to halt this settlement. Costs for the survey and any necessary repairs to service lines under the street would be borne by the project sponsor.

If dewatering were necessary, the project sponsor would follow the recommendations of the geotechnical engineer or environmental remediation consultant, in consultation with the Bureau of Environmental Regulation and Management of the San Francisco Public Utilities Commission (Bureau), regarding treatment, if any, of pumped groundwater prior to discharge to the combined sewer system. If required by the Bureau, groundwater pumped from the site would be retained in a holding tank to allow suspended particles to settle, to reduce the amount of sediment entering the combined sewer system. Therefore, significant impacts related to groundwater would not occur, and this topic will not be discussed in the EIR.

Flooding, Erosion, and Siltation

Flooding. The project site is currently developed with hospital buildings and support structures, parking lots, and paved internal roadways, as well as landscaped and open space areas. The entire site is approximately 2,700,720 square feet in area (62 acres); existing impervious surfaces on the site (e.g., buildings, roads, and parking) total about 18 acres.

The exact change in impervious surfaces that would result from the project cannot be determined at this time, because building plans are in progress. Based on the general construction zones defined for the proposed project, and assuming that all areas within the construction zones would be impervious surfaces, the project would result in at most about 20 acres of impervious surfaces, or a 2-acre increase. However, it is expected that some areas within the construction zones would be landscaped, and the

actual increase in impervious surface would be less. For these reasons, the potential change in surface runoff is not anticipated to be significant, and surface runoff will not be analyzed in the EIR.

Erosion and Siltation. Although much of the proposed project development would occur within areas that are currently developed or disturbed, construction activities such as earthwork could lead to erosion where soil is exposed. As noted above under the discussion of Checklist item 6, Air Quality, the project sponsor has agreed to implement Mitigation Measure 2 to reduce construction dust impacts. During construction, requirements to reduce erosion would be implemented pursuant to California Building Code Chapter 33, Excavation and Grading. For these reasons, significant impacts with respect to erosion and siltation would not occur, and this topic will not be analyzed in the EIR.

	Yes	No	Discussed
11. Energy/Natural Resources. Could the project:			
a. Encourage activities which result in the use of large amounts of fuel, water, or energy, or use these in a wasteful manner?		X	X
b. Have a substantial effect on the potential use, extraction, or depletion of a natural resource?		X	X

In 1996, the City and County of San Francisco consumed approximately 5,000 gigawatt-hours (GWh) of electricity and approximately 27,000,000 million British thermal units (MMBtu) of natural gas. Electricity demand statewide and in San Francisco tends to grow at approximately 1 percent to 2 percent per year. Natural gas consumption is expected to grow similarly, but actually peaked in San Francisco in 1989 at approximately 32,000,000 MMBtu and has not yet returned to that level.[24]

The project would involve the construction of a hospital and support facilities and an assisted living facility to provide skilled nursing care, hospice, rehabilitation, acute medical, senior nutrition, and adult day health services. The proposed uses would be similar to the existing uses, with an increase in the number of beds. The increase in beds and the operation of the assisted living facility could result in an increase in energy use. However, the proposed facilities would replace older facilities that are not as energy-efficient, and as a result there could be less of an increase in energy use. For these reasons, the project would not result in the use of large amounts of fuel, water, or energy. The proposed facilities would meet current state and local codes pertaining to energy consumption. As such, the project would not result in a wasteful use of energy. No significant impacts would occur, and therefore energy use will not be analyzed in the EIR.

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24 City and County of San Francisco Planning Department, *First and Howard Streets Project, Final Environmental Impact Report*, January 13, 2000. Available for review at the San Francisco Planning Department, 1660 Mission Street, as part of case file 1999.902E.

Other than natural gas and coal fuel used to generate electricity for the project, the project would not use substantial quantities of other non-renewable natural resources. Therefore, the project would not have a substantial effect on the use, extraction, or depletion of a natural resource. This topic will not be evaluated in the EIR.

12. Hazards. Could the project:	Yes	No	Discussed
a. Create a potential public health hazard or involve the use, production, or disposal of materials which pose a hazard to people or animal or plant populations in the area affected?		X	X
b. Interfere with emergency response plans or emergency evacuation plans?		X	X
c. Create a potentially substantial fire hazard?		X	X

Hazardous Materials

The proposed project would involve the demolition of most of the existing structures on the site, including the boiler and power plant, laundry facility, bridge building, greenhouse, shop building, garage, and Clarendon Hall. The front part of the Main Hospital would be renovated for administrative functions; the remaining wings (i.e., Wings C, D, E, F, G, K, L, M, and O) would be demolished. A Phase I Environmental Site Assessment for the project site, conducted in April 2000 by Weiss Associates, concluded that asbestos-containing materials may be found within the existing structures proposed to be renovated or demolished as part of the project.[25] Section 19827.5 of the California Health and Safety Code, adopted January 1, 1991, requires that local agencies not issue demolition or alteration permits until an applicant has demonstrated compliance with notification requirements under applicable Federal regulations regarding hazardous air pollutants, including asbestos. The BAAQMD is vested by the California legislature with authority to regulate airborne pollutants, including asbestos, through both inspection and law enforcement, and is to be notified ten days in advance of any proposed demolition or abatement work.

Notification includes the names and addresses of operations and persons responsible; description and location of the structure to be demolished/altered including size, age and prior use, and the approximate amount of friable asbestos; scheduled starting and completion dates of demolition or abatement; nature of planned work and methods to be employed; procedures to be employed to meet BAAQMD requirements; and the name and location of the waste disposal site to be used. The District randomly inspects asbestos removal operations. In addition, the District will inspect any removal operation for which a complaint has been received.

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25 Weiss Associates, *Laguna Honda Hospital Draft Final Phase I Environmental Site Assessment*, April 21, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

The local office of the State Occupational Safety and Health Administration (OSHA) must be notified of asbestos abatement to be carried out. Asbestos abatement contractors must follow state regulations contained in Title 8, Sections 341.6 through 341.14, and Section 1529 of the California Code of Regulations where there is asbestos-related work involving 100 square feet or more of asbestos-containing material. Asbestos removal contractors must be certified as such by the Contractors Licensing Board of the State of California. The owner of the property where abatement is to occur must have a Hazardous Waste Generator Number assigned by and registered with the Office of the California Department of Health Services in Sacramento. The contractor and hauler of the material is required to file a Hazardous Waste Manifest which details the hauling of the material from the site and its disposal. Pursuant to California law, DBI would not issue the required permit until the applicant has complied with the notice requirements described above. These regulations and procedures, already established as a part of the permit review process, would insure that any potential impacts due to asbestos would be reduced to a level of insignificance.

The Phase I Environmental Site Assessment for the project site concluded that lead-based paint may be found on the painted surfaces of existing structures proposed for demolition or renovation as part of the project. Demolition must comply with Chapter 36 of the San Francisco Building Code, Work Practices for Exterior Lead-Based Paint. Where there is any work that may disturb or remove lead-based paint on the exterior of any building built prior to December 31, 1978, Chapter 36 requires specific notification and work standards, and identifies prohibited work methods and penalties.

Chapter 36 applies to buildings or steel structures on which original construction was completed prior to 1979 (which are assumed to have lead-based paint on their surfaces), where more than ten total square feet of lead-based paint would be disturbed or removed. The ordinance contains performance standards, including establishment of containment barriers, at least as effective at protecting human health and the environment as those in the U.S. Department of Housing and Urban Development Guidelines (the most recent Guidelines for Evaluation and Control of Lead-Based Paint Hazards) and identifies prohibited practices that may not be used in disturbance or removal of lead-based paint. Any person performing work subject to the ordinance shall make all reasonable efforts to prevent migration of lead paint contaminants beyond containment barriers during the course of the work, and any person performing regulated work shall make all reasonable efforts to remove all visible lead paint contaminants from all regulated areas of the property prior to completion of the work.

The ordinance also specifies notification requirements, contents of notice, and requirements for signs. Notification includes notifying bidders for the work of any paint-inspection reports verifying the presence or absence of lead-based paint in the regulated area of the proposed project. Prior to commencement of work, the responsible party must provide written notice to the Director of the DBI of the location of the project; the nature and approximate square footage of the painted surface being disturbed and/or removed; anticipated job start and completion dates for the work; whether the responsible party has reason to know or presume that lead-based paint is present; whether the building is

residential or nonresidential, owner-occupied or rental property, approximate number of dwelling units, if any; the dates by which the responsible party has or will fulfill any tenant or adjacent property notification requirements; and the name, address, telephone number, and pager number of the party who will perform the work. (Further notice requirements include Sign When Containment is Required, Notice by Landlord, Required Notice to Tenants, Availability of Pamphlet related to protection from lead in the home, Notice by Contractor, Early Commencement of Work [by Owner, Requested by Tenant], and Notice of Lead Contaminated Dust or Soil, if applicable.) The ordinance contains provisions regarding inspection and sampling for compliance by DBI, and enforcement, and describes penalties for non-compliance with the requirements of the ordinance. These regulations and procedures by the San Francisco Building Code would ensure that potential impacts of demolition, due to lead-based paint, would be reduced to a level of insignificance.

Other hazardous materials are stored on the project site, including floor cleaners, paints, flammable materials, and gasoline. However, adequate storage and handling procedures are in place. The management of the hospital's hazardous materials is overseen by the San Francisco Department of Public Health (SFDPH) and audits are performed yearly. Pesticides are also used and stored on the site; the Phase I report did not identify any issues of concern pertaining to pesticides. Given that the proposed project would also comply with SFDPH requirements and requirements related to pesticide use/storage, no significant impacts related to hazardous materials are anticipated. Therefore, this topic will not be analyzed in the EIR.

Hazardous waste is generated throughout the project site from various medical processes that occur in the Main Hospital, Clarendon Hall, and the Clarendon Valley portion of the site. Wastes accumulate for up to 90 days after generation prior to disposal. Site records indicate the former presence of three incinerators in the Main Building, near the power plant, and northeast of the Clarendon Hall parking lot; environmental releases related to these incinerators have not been identified but may have potentially occurred. Due to the lack of knowledge of the site's historical waste handling procedures, contamination could potentially exist in the areas of the former incinerators. However, the SFDPH-Hazardous Materials Unified Program Agency (HMUPA) has issued a compliance certificate which allows the generation of hazardous wastes at the site, SFDPH oversees the hazardous waste processes on the site, and appropriate handling procedures are in place for the storage and processing of the hazardous wastes. The Phase I report did not identify any issues of concern related to hazardous wastes. Given that the proposed project would also comply with SFDPH requirements, no significant impacts are anticipated, and this topic will not be analyzed in the EIR.

Soil and Groundwater Contamination

The project site contains several underground and above-ground storage tanks. No known areas of soil or groundwater contamination exist at the project site. During the abandonment-in-place of two underground diesel tanks located in the Clarendon Valley area of the site, soil borings were completed

near the tanks. The soil samples collected contained benzene, toluene, ethyl benzene and total xylenes at levels that were at or below the analytical laboratory's detection thresholds. The Phase I report identified suspected areas of soil and groundwater contamination due to the presence of other storage tanks on the site, particularly an underground sump or tank in the northeastern bay of the garage and three gasoline underground storage tanks formerly located south of the laundry building. In addition, the active gasoline underground storage tank, located east of the power plant, has the potential to have released MTBE in the soil. For these reasons, excavation activities within the Clarendon Valley area (i.e., near the garage, laundry, and power plant buildings) could result in the disturbance of soils and groundwater containing hazardous materials. To reduce the potential impacts associated with soil and groundwater contamination, the project sponsor has agreed to implement Mitigation Measure 2 (identified on page 47. Therefore, the EIR will not address this topic.

The Phase I report has recommended that the project sponsor sample the suspected areas of contamination prior to construction activities. If the sampling indicates that hazardous materials are present, the area would be remediated pursuant to the standards, regulations, and determinations of local, state, and federal regulatory agencies. The hazardous substances would be removed and disposed of at an approved site, or other appropriate actions would be taken. If the sampling determines that existing soil and groundwater conditions would pose significant human health or safety hazards, a Site Safety and Health Plan would be prepared pursuant to California Division of Occupational Safety and Health (Cal-OSHA) requirements and National Institute for Occupational Safety and Health guidance to ensure worker safety. Under Cal-OSHA requirements, the Site Safety and Health Plan would need to be prepared prior to initiating any earth-moving activities at the site. The plan would contain policies and procedures to protect site workers from potential health and safety impacts related to contaminated soil and groundwater. The plan would apply to all site activities through the completion of earthwork construction. It would include specific training requirements and personal protection equipment for on-site workers.

Emergency Response Plans

The site does not support any critical or emergency facilities and the project would not alter any evacuation routes. It is not anticipated that any traffic lanes on either Woodside Avenue or Laguna Honda Boulevard would need to be closed during construction. If it is determined that temporary traffic lane closures would be required, the closures would be coordinated with the City to minimize the impacts on local traffic. Lane closures would be subject to review and approval by the Department of Public Works and the Interdepartmental Staff Committee and Traffic and Transportation.

Fire Hazards

The existing campus is generally developed with hospital buildings, a bridge structure, and support facilities. The remainder of the site (surrounding the developed areas) consists of open space and

landscaped areas, including mature eucalyptus and other non-native trees and native vegetation in the northern part of the site. The existing hospital facilities do not comply with Building Code requirements related to fire and life safety. The proposed project would bring the hospital into compliance with State and Federal regulations. In addition, San Francisco ensures fire safety primarily through provisions of the Building Code and the Fire Code. Existing buildings are required to meet standards contained in these codes. The proposed project would conform to these standards which, depending on building type, may also include development of an emergency procedure manual and an exit drill plan. In this way, potential fire hazards (including those associated with hillside development, hydrant water pressure, and emergency access) would be mitigated during the permit review process. Therefore, this topic will not be evaluated in the EIR.

	Yes	No	Discussed
13. Cultural. Could the project:			
a. Disrupt or adversely affect a prehistoric or historic archaeological site or a property of historic or cultural significance to a community or ethnic or social group; or a paleontological site except as a part of a scientific study?		X	X
b. Conflict with established recreational, educational, religious or scientific uses of the area?		X	
c. Conflict with the preservation of buildings subject to the provisions of Article 10 or Article 11 of the City Planning Code?	TO BE DETERMINED.		

Archaeological Resources

David Chavez & Associates completed an archival archaeological resources evaluation of the project vicinity for potential prehistoric or historic archaeological resources and to document the history of the area.[26] The results of this evaluation are summarized below.

No recorded prehistoric sites are located on the project site or within a one-mile radius of the site; the archaeological survey of exposed terrain on the site did not identify evidence of cultural deposits. Although portions of the project site are obscured by buildings, pavement, and dense vegetation, it is unlikely these existing features conceal evidence of prehistoric archeological resources. (This conclusion is consistent with the record of sensitivity of archaeological resources in the San Francisco area; sensitivity tends to cluster around the bayshore and ocean front settings, and no known archaeological resources are located in the central part of San Francisco, particularly in the relatively steep terrain that characterizes the Laguna Honda area. This sensitivity is likely a result of site selection by prehistoric populations, who

26 David Chavez & Associates, *Archaeological Resources Evaluations for the Laguna Honda Hospital's Institutional Master Plan, San Francisco, California*, January 1994. Available for review in the at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

preferred the low-lying terrain adjacent to creeks and baysides to the steep, windswept, and densely-vegetated hills that characterized central San Francisco.) Therefore, the construction-related excavation activities associated with the proposed project would not result in any impacts on known or suspected prehistoric archaeological resources. No additional archaeological investigations would be required prior to or during construction or alteration activities. However, in the event that unknown archaeological deposits could be discovered during construction excavation or alteration activities, the report recommends Mitigation Measure 3, identified on page 48, that is intended to reduce the potential impact to archaeological resources to a less-than-significant level.

No known or suspected historic cultural deposits or features dating from the Ethnohistoric and Spanish (1769-1822), Mexican (1822-1848) or Early American (1848-1860) Periods are located on the project site. The Almshouse and small hospital formerly located on the site were not constructed until 1867. In 1908, additional buildings were constructed in the southern portion of the site, including a pavilion-like building, four male and female wards, and other structures. Clarendon Hall was built in the northern portion of the property in 1909. By 1928, almost all of the then-existing structures were demolished and replaced with the Main Hospital building; expansion of the Main Hospital resulted in the removal of the remaining early twentieth-century structures. Within the central portion of the project site, approximately half of the early twentieth-century structures currently remain in the same location or have been reconstructed; historic structures that were demolished and never replaced include a male ward, library, engineer's dwelling, superintendent's house, nurses' home, and industrial building. The central part of the project site could contain historic archaeological features and artifacts associated with the early twentieth-century history of the Laguna Honda Hospital. Therefore, construction activities that would occur in the central portion of the site between Clarendon Hall and the Main Hospital building (i.e., the new hospital) could result in the discovery and potential disturbance of remnants from these historic structures. Implementation of the mitigation measures identified for the prehistoric archaeological resources, identified on page 48, would also reduce the potential impact to historic archaeological resources to a less-than-significant level.

Given the above reasons, archaeological resources will not be analyzed in the EIR.

Historic Buildings

According to a 1993 Federal Emergency Management Agency (FEMA) survey, the project site is eligible for listing on the National Register as a historic district under Criterion A (for its contribution to a broad pattern of events in history, i.e., the evolution of public health care in San Francisco). Of the individual structures on the site, the Main Hospital was found to also be eligible for listing under Criterion C (architectural significance); Clarendon Hall was found to be individually eligible for listing on the National Register; and the laundry building, bridge building, boiler house, greenhouse, and garage were found to be potential contributors to the historic district. The project site does not contain any buildings

or areas designated as landmarks or districts of architectural, historical, or aesthetic importance under Articles 10 or 11 of the San Francisco Planning Code.

Architectural Resources Group (ARG) conducted a historical and architectural evaluation for the Laguna Honda Hospital project site.[27] ARG noted that the project site is historically significant under Criterion A for its record of the history of San Francisco's public health and elderly care services. ARG also noted that the site is architecturally significant under Criterion C, particularly for the Classical Revival style of Clarendon Hall and the Mission Revival style of the Main Hospital building, designed by prominent Bay Area architects Newton Tharp and John Ried, Jr., respectively. For the above reasons, ARG confirmed the 1993 FEMA determination regarding the presence of a National Register-eligible historic district on the project site.

The proposed project would involve the demolition of several existing structures, including Wings C, D, E, F, G, K, L, M, and O of the Main Hospital Building and Clarendon Hall. Given that these structures are located in an area that is eligible for listing on the National Register as a historic district, the project would result in a significant impact with respect to historical resources. Therefore, this topic will be analyzed in the EIR.

C. OTHER	Yes	No	Discussed
Require approval and/or permits from City departments other than Department of City Planning or Department of Building Inspection, or from Regional, State or Federal Agencies?	X		X

The Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of general acute care hospital, psychiatric hospital, and multi-story skilled nursing home and intermediate care facility construction in California. The Facilities Development Division of OSHPD would review the proposed project construction drawings and specifications for code compliance and would issue a building permit upon plan approval.

Other permits and/or approvals for the proposed project may be required; these permits and approvals will be discussed in the EIR.

---

27 Architectural Resources Group, Laguna Honda Hospital Draft Historic Background Report, May 1, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

D. MITIGATION MEASURES	Yes	No	N/A	Discussed
1. Could the project have significant effects if mitigation measures are not included in the project?	X			X
2. Are all mitigation measures necessary to eliminate significant effects included in the project?	X			X

Air Quality

1. In accordance with the BAAQMD *CEQA Guidelines*, the project sponsor would require the contractor(s) to spray the site with water during demolition, excavation, and construction activities; spray unpaved construction areas with water at least twice per day; cover stockpiles of soil, sand, and other material; cover trucks hauling debris, soils, sand, or other such material; and sweep surrounding streets during demolition, excavation, and construction at least once per day to reduce particulate emissions. Ordinance 175-91, passed by the Board of Supervisors on May 6, 1991, requires that non-potable water be used for dust control activities. Therefore, the project sponsor would require that the contractor(s) obtain reclaimed water from the San Francisco Public Utilities Commission Clean Water Program for this purpose. The project sponsors would require the project contractor(s) to maintain and operate construction equipment so as to minimize exhaust emissions of particulates and other pollutants, by such means as a prohibition on idling motors when equipment is not in use or when trucks are waiting in queues, and implementation of specific maintenance programs to reduce emissions for equipment that would be in frequent use for much of the construction period.

Potential Soil and Groundwater Contamination

2. The project sponsor would sample the suspected areas of contamination prior to construction activities. If the sampling indicates that hazardous materials are present, the area would be remediated pursuant to the standards, regulations, and determinations of local, State, and federal regulatory agencies. The hazardous substances would be removed and disposed of at an approved site, or other appropriate actions would be taken. If the sampling determines that existing soil and groundwater conditions would pose significant human health or safety hazards, a Site Safety and Health Plan would be prepared pursuant to California Division of Occupational Safety and Health (Cal-OSHA) requirements and National Institute for Occupational Safety and Health guidance to ensure worker safety. Under Cal-OSHA requirements, the Site Safety and Health Plan would need to be prepared prior to initiating any earth-moving activities at the site. The plan would contain policies and procedures to protect site workers from potential health and safety impacts related to contaminated soil and groundwater. The plan would apply to all site activities through the completion of earthwork construction. It would include specific training requirements and personal protection equipment for on-site workers.

Cultural Resources

3. The project sponsor would retain the services of an archaeologist to inspect the exposed terrain following the demolition of existing structures; further assessment of the potential for historic cultural deposits and features can be made at that time. The archaeologist would be notified a minimum of five days in advance of any demolition or excavation activity in the area.

   If evidence of prehistoric or historic archaeological resources of potential significance were found during any construction excavation or land alteration activities, the archeologist would immediately notify the Environmental Review Officer, and a professional archaeologist would be consulted. The project sponsor would halt any activities that the archaeologist and the Environmental Review Officer jointly determine could cause damage to such cultural resources.

   After notifying the Environmental Review Officer, the archaeologist would prepare a written report to be submitted first and directly to the Environmental Review Officer, with a copy to the project sponsor, which would contain an assessment of the potential significance of the find and recommendations for what measure should be implemented to minimize potential effects on prehistoric and historic archaeological resources. Based on this report, the Environmental Review Officer would recommend specific additional measures to be implemented by the project sponsor. These additional measures could include a site security program, additional on-site investigations by the archaeologist, or documentation, preservation, and recovery of cultural material.

   Finally, the archaeologist would prepare a report documenting the cultural resources that were discovered, an evaluation as to their significance, and a description as to how any further archaeological testing, exploration, or recovery program is to be conducted.

   Copies of all draft reports prepared according to this mitigation measure would be sent first and directly to the Environmental Review Officer for review. Following approval by the Environmental Review Officer, copies of the final reports would be sent by the archaeologist directly to the President of the Landmarks Preservation Advisory Board and the California Archaeological Site Survey Northwest Information Center. Three copies of the final archaeology reports would be submitted to the Environmental Review Officer, accompanied by copies of the transmittals documenting its distribution.

E. MANDATORY FINDINGS OF SIGNIFICANCE

	Yes	No	Discussed
1. Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal, or eliminate the range of a rare or endangered plant or animal, or eliminate important examples of the major periods of California history or pre-history?		X	X
2. Does the project have the potential to achieve short-term, to the disadvantage of long-term, environmental goals?		X	X
3. Does the project have possible environmental effects which are individually limited, but cumulatively considerable? (Analyze in the light of past projects, other current projects, and probably future projects.)	TO BE DETERMINED.		
4. Would the project cause substantial adverse effects on human beings, either directly or indirectly?	TO BE DETERMINED.		

F. ON THE BASIS OF THIS INITIAL STUDY

__ I find the proposed project COULD NOT have a significant effect on the environment, and a NEGATIVE DECLARATION will be prepared by the Department of City Planning.

__ I find that although the proposed project could have a significant effect on the environment, there WILL NOT be a significant effect in this case because the mitigation measures listed in Section 4.0 of the discussion have been included as part of the proposed project. A NEGATIVE DECLARATION will be prepared.

X I find that the proposed project MAY have a significant effect on the environment, and an ENVIRONMENTAL IMPACT REPORT is required.

HILLARY E. GITELMAN
Environmental Review Officer
for
Gerald G. Green
Director of Planning

Date: 2/3/01

APPENDIX A

Air Quality Calculations

BAAQMD AIR QUALITY MODEL

Project Name: Laguna Honda Hospital

Analysis Year: 2010
EMFAC7 Model: EMFAC7F1.1
Project Location: San Francisco
Trip Length: 6.3
Trip Speed: 25

Land Use	New Trips	Trips Per	ADT Rates	ADT	Vehicle Miles	Emissions in Pounds Per Day[1,2,3]				
						CO[4]	ROG[4,5]	NO_x[4]	SO_x	PM_{10}[6]
Hospital	541	N/A	1.00	541	3,408	33.6	2.7	5.3	0.2	6.2
Assisted Living	135	N/A	1.00	135	851	8.4	0.7	1.3	0.1	1.5
TOTALS				676	4,259	42.0	3.3	6.7	0.3	7.7
THRESHOLDS						NT	80.0	80.0	NT	80.0
EXCEEDS THRESHOLD?						NO	NO	NO	NO	NO

Notes:
[1] Fleet mix as per CARB's BURDENF Final.
[2] Inspection and Maintenance Program effectiveness included.
[3] Ambient temperature assumed: 55 F (winter) for CO; and 75 F (summer) for ROG, NO_x, SO_x, and PM_{10}.
[4] Emissions include cold and hot start emissions consistent with Bay Area driving conditions.
[5] ROG emissions include evaporative running loss emissions and hot soak emissions.
[6] PM_{10} emissions include exhaust, tirewear, and entrained road dust.
NT: No Threshold.

BAY AREA AQMD SIMPLIFIED CALINE4 ANALYSIS

Project Title:	Laguna Honda Hospital Initial Study
Intersection:	Woodside/O'Shaughnessy/Portola
Analysis Condition:	Cumulative
Nearest Air Monitoring Station measuring CO:	San Francisco
Background 1-hour CO Concentration (ppm):	2.4
Background 8-hour CO Concentration (ppm):	2.0
Persistence Factor:	0.8
Analysis Year:	2010

		Roadway Type	No. of Lanes	Average Cruise Speed A.M.	Average Cruise Speed P.M.
North-South Roadway:	O'Shaugnessy	At Grade	4	10	10
East-West Roadway:	Woodside/Portola	At Grade	4	10	10

EMFAC7G COMPOSITE EMISSION FACTORS FOR CO

	Average Speed (miles per hour)									
Year	10	15	20	25	30	35	40	45	50	55
1998	24.84	16.74	12.71	10.30	8.67	7.50	6.65	6.07	5.78	5.88
1999	22.93	15.46	11.73	9.50	8.00	6.93	6.14	5.61	5.35	5.46
2000	21.02	14.17	10.75	8.70	7.33	6.35	5.63	5.15	4.92	5.03
2001	19.63	13.24	10.04	8.13	6.85	5.93	5.27	4.82	4.62	4.73
2002	18.24	12.31	9.33	7.55	6.36	5.52	4.90	4.50	4.32	4.43
2003	16.86	11.37	8.63	6.98	5.88	5.10	4.54	4.17	4.01	4.14
2004	15.47	10.44	7.92	6.40	5.39	4.69	4.17	3.85	3.71	3.84
2005	14.08	9.51	7.21	5.83	4.91	4.27	3.81	3.52	3.41	3.54
2010	10.78	7.30	5.52	4.46	3.77	3.28	2.95	2.75	2.69	2.83

PEAK HOUR TURNING VOLUMES

A.M. Peak

Approach	<	v / >	> / ^ / v
N (southbound)	0	0	0
W (eastbound) ^ > v	0	0	0
E (westbound) ^ < v	0	0	0
S (northbound)	0	0	0

P.M. Peak

Approach	<	v / >	> / ^ / v
N (southbound)	65	630	397
W (eastbound) ^ > v	124	1,238	120
E (westbound) ^ < v	576	1,426	211
S (northbound)	113	533	174

Representative Traffic Volumes (Vehicles per Hour)

	A.M.	P.M.
N-S Road	0	2,325
E-W Road	0	4,022

ROADWAY CO CONTRIBUTIONS

Roadway	Reference CO Concentrations 50 Feet	100 Feet	300 Feet		Traffic Volume		Emission Factor		
A.M. Peak Hour									
N-S Road	5.4	3.8	1.6	*	0	*	10.78	+	100,000
E-W Road	2.2	1.7	1.1	*	0	*	10.78	+	100,000
P.M. Peak Hour									
N-S Road	2.2	1.7	1.1	*	2,325	*	10.78	+	100,000
E-W Road	5.4	3.8	1.6	*	4,022	*	10.78	+	100,000

TOTAL CO CONCENTRATIONS (ppm)

	A.M. Peak Hour	P.M. Peak Hour	8-Hour
50 Feet from Roadway Edge	2.4	5.3	4.3
100 Feet from Roadway Edge	2.4	4.5	3.7
300 Feet from Roadway Edge	2.4	3.4	2.8

FOREST HILL ASSOCIATION
381 Magellan Avenue
San Francisco, CA 94116
(415) 664-0542

February 23, 2001

Hillary Gitelman
Environmental Review Officer
San Francisco Planning Department
1660 Mission Street, Suite 500
San Francisco, CA 94103

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PLANNING DEPT

The Forest Hill Association, a residential homeowners association of some 670 single family residences adjacent to Laguna Honda Hospital at its western border, submits the following comments on the scope of the EIR for the Laguna Honda Hospital Replacement Project (2000.005E).

As an adjacent residential district, the Forest Hill Association is essentially concerned with the external environmental and traffic effects of the Replacement Project, both during the prolonged anticipated demolition and construction and upon completion.

1. **Demolition and Construction Phase.**
   It is expected that the Replacement Project will not be completed until "Winter 2009." (*Laguna Honda Hospital Replacement Initial Study, February 2, 2001*; p.11.) "On-site and off-site noise level increases due to construction and demolition activities would be temporary and intermittent and would occur at different times through the phases of project construction." (*Id*, p. 21.) The EIR should thoroughly consider the noise impacts, traffic impacts, and impacts on air quality during this phase which may endure for seven or more years.

   Since existing trees and other vegetation are important environmental assets of the project site, the EIR should consider to what extent the demolition and construction activities will degrade or impact these assets, or will impact the adjoining open spaces.

   The EIR should develop appropriate mitigation measures with respect to the foregoing such as are discussed at page 47 of the *Initial Study*.

2. **The Replacement Project.**
   Building Heights
   Pages 13 and 16 of the *Initial Study* indicate that the building heights of the planned replacement and additional structures have not as yet been determined. The EIR should consider compatibility of the project with existing zoning laws and policies as well as the impacts on visual quality as noted on page 16 of the *Initial Study*.

   Traffic
   The EIR should consider the impacts of increased traffic at Laguna Honda and Dewey Boulevards intersection which is also the entrance and exit to Laguna Honda Hospital. Consideration should be given to adding egress and ingress to Laguna Honda Hospital

where it abuts the San Francisco Youth Guidance Center. Since the latter is subject to a planned reconstruction itself prior to 2004, joint road access to both the Hospital and the Juvenile Hall should be a priority.

Open Space and Trees

The EIR should consider the impact of the Replacement Project on the existing open space areas and existing trees. At page 13 of the *Initial Study*, it appears that existing open space areas may be impacted by the Replacement Project. The extent of this adjustment should be determined. At page 17 of the *Initial Study*, it is stated: "The proposed project would result in the removal of existing trees from the site." The precise extent of this tree removal (as well as other vegetation) should be ascertained and mitigation in the form of replacement plantings considered. Protection of open space is a priority policy in San Francisco. (See page 14 of the *Initial Study*.) This should be a priority of the EIR and Replacement Project as well.

Respectfully submitted,

Timothy E. Treacy

Timothy E. Treacy
President, Forest Hill Association

Department of Toxic Substances Control

Edwin F. Lowry, Director
700 Heinz Avenue, Suite 200
Berkeley, California 94710-2721

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Winston H. Hickox
Agency Secretary
California Environmental
Protection Agency

Gray Davis
Governor

February 28, 2001

Ms. Lisa Gibson
San Francisco Planning Department
1660 Mission Street, Suite 500
San Francisco, California 94103

Dear Ms. Gibson:

Thank you for the opportunity to comment on the Notice of Preparation (NOP) for Laguna Honda Hospital Replacement Project draft Environmental Impact Report (EIR) (SCH# 2001022015). As you may be aware, the California Department of Toxic Substances Control (DTSC) oversees the cleanup of sites where hazardous substances have been released pursuant to the California Health and Safety Code, Division 20, Chapter 6.8. As a Resource Agency, DTSC is submitting comments to ensure that the environmental documentation prepared for this project to address the California Environmental Quality Act (CEQA) adequately addresses any required remediation activities which may be required to address any hazardous substances release.

The proposed project is located on Laguna Honda Boulevard, on the western slopes of Twin Peaks in central San Francisco. It would involve the demolition of most of the existing hospital facilities, retention and renovation of a portion of the existing Main Hospital, construction of a new hospital, construction of an assisted living facility, expansion of the existing outpatient programs and modifications to site access and circulation.

The NOP states that asbestos-containing materials and lead-based paint may be found within the existing structures proposed to be demolished. Hazardous materials stored on the project site include floor cleaners, paints, flammable materials and gasoline. Hazardous waste generated throughout the project site from various medical processes are also stored in the site up to 90 days prior to disposal. Pesticides are also used and stored at the site. We recommend that sampling be conducted where hazardous substances may have been released. This includes, but is not limited to areas around the buildings to be demolished for lead contamination, in areas where pesticides are stored, and in the hazardous waste storage area for any spills or releases. The data collected should be used to determine whether these are issues which will need to be addressed in the EIR.

The Initial Study states that site records indicate the former presence of three incinerators in the main building, near the power plant and northeast of the Clarendon Hall parking lot. The Initial Study states that the incinerators have no significant impact and will not be analyzed in the EIR. We disagree and recommend that the potential impacts of these incinerators be analyzed in the EIR. City generator requirements do not address the potential for soil contamination related to the closure of the incinerators. If the incinerators were closed under City oversight, the EIR should describe the process followed and results of any sampling.

There are contradictory statements regarding the groundwater contamination. Page 37 of the Initial Study under Groundwater Resources states that according to the Phase 1 Environmental Site Assessment Report, there is no evidence of contamination of the groundwater underlying the site. Page 43 of the Initial Study, under Soil and Groundwater Contamination, states that the Phase 1 Report identified suspected areas of soil and groundwater contamination due to the presence of storage tanks on the site. We recommend that sampling be conducted to determine whether this is an issue which will need to be addressed in the EIR.

The Initial Study states that to reduce the potential impacts associated with soil and groundwater contamination, Mitigation Measure 2 will be implemented and the EIR will not address this topic. We disagree and recommend that the impact of soil and groundwater contamination and any associated cleanup activities be discussed in the EIR.

The mitigation measure does not mention what criteria will be used for the cleanup if the sampling indicates that hazardous materials are present. It also states that the Site Safety and Health Plan will be prepared to ensure site worker safety. The Health and Safety Plan will need to address potential health and safety impacts to the neighboring community as well.

If hazardous substances have been released, they will need to be addressed as part of this project. For example, if the remediation activities include the need for soil excavation, the CEQA document should include: (1) an assessment of air impacts and health impacts associated with the excavation activities; (2) identification of any applicable local standards which may be exceeded by the excavation activities, including dust levels and noise; (3) transportation impacts from the removal or remedial activities; and (4) risk of upset should be there an accident at the Site

DTSC can assist your agency in overseeing characterization and cleanup activities through our Voluntary Cleanup Program. A fact sheet describing this program is enclosed. We are aware that projects such as this one are typically on a compressed

schedule, and in an effort to use the available review time efficiently, we request that DTSC be included in any meetings where issues relevant to our statutory authority are discussed.

In the near future, DTSC will be administering the $85 million Urban Cleanup Loan Program, which will provide low-interest loans to investigate and cleanup hazardous materials at properties where redevelopment is likely to have a beneficial impact to a community. The program is composed of two main components: low interest loans of up to $100,000 to conduct preliminary endangerment assessments of underutilized properties; and loans of up to $2.5 million for the cleanup or removal of hazardous materials also at underutilized urban properties. These loans are available to developers, businesses, schools, and local governments. A fact sheet regarding this program is enclosed for your information.

Please contact Jayantha Randeni of my staff at (510) 540-3806, if you have any questions or would like to schedule a meeting. Thank you in advance for your cooperation in this matter.

Sincerely,

Barbara J. Cook

Barbara J. Cook, P.E., Chief
Northern California - Coastal Cleanup
Operations Branch

Enclosures

cc: without enclosures

Governor's Office of Planning and Research
State Clearinghouse
P.O.Box 3044
Sacramento, California 95812-3044

Guenther Moskat
CEQA Tracking Center
Department of Toxic Substances Control
P.O. Box 806
Sacramento, California 95812-0806

FACT SHEET
SEPTEMBER 2000

Urban Cleanup Loan Program

Overview

California is on the leading edge when it comes to programs and policies to stimulate the redevelopment of Brownfields – abandoned, idled or under-used properties where expansion or redevelopment is complicated by real or perceived environmental contamination. Frequently, these properties, once the source of jobs and economic benefits to the entire community, lie abandoned for fear of the contamination and the liability it implies.

The $85 million Urban Cleanup Loan Program – which is currently under development by the Department of Toxic Substances Control – will provide new financial assistance tools to help developers, businesses, schools and local governments accelerate the pace of cleanup and redevelopment at these sites.

There will be two main components:

Investigating Site Contamination Program

- Provides low-interest loans of up to $100,000 to conduct preliminary endangerment assessments of underutilized urban properties.
- Loan repayment over a period of two years, if loan recipient buys the property.
- If property is determined not to be economically feasible to purchase, up to 75 percent of the loan amount can be waived by the State.

Cleanup Loans and Environmental Assistance (CLEAN) Program

- Provides low-interest loans of up to $2.5 million for the cleanup or removal of hazardous materials at properties where redevelopment is likely to have a beneficial impact on the property values, economic viability and quality of life of a community.

Restoring contaminated property can help bring life and strength to a community. Making a once toxic area viable again means more jobs, an enhanced tax base and a sense of optimism about the future. Together, the programs that make up California's Urban Cleanup Loan Program will make it easier for such sites to be redeveloped and become vital, functioning parts of their communities.

For more information, call (916) 324-0706.

California Environmental Protection Agency

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

The Voluntary Cleanup Program

In 1993, the California Environmental Protection Agency's Department of Toxic Substances Control (DTSC) introduced this streamlined program to protect human health and the environment, ensure investigation and cleanup is conducted in an environmentally sound manner and facilitate the reuse and redevelopment of these same properties. Using this program, corporations, real estate developers, other private parties, and local and state agencies entering into Voluntary Cleanup Program agreements will be able to restore properties quickly and efficiently, rather than having their projects compete for DTSC's limited resources with other lower-priority hazardous waste sites. This fact sheet describes how the Voluntary Cleanup Program works.

Prior to initiation of the Voluntary Cleanup Program, project proponents had few options for DTSC involvement in cleaning up low-priority sites. DTSC's statutory mandate is to identify, prioritize, investigate and cleanup sites where releases of hazardous substances have occurred. For years, the mandate meant that, if the site presented grave threat to public health or the environment, then it was listed on the State Superfund list and the parties responsible conducted the cleanup under an enforcement order, or DTSC used state funds to do so. Because of staff resource limitations, DTSC was unable to provide oversight at sites which posed lesser risk or had lower priority.

DTSC long ago recognized that no one's interests are served by leaving sites contaminated and unusable. The Voluntary Cleanup Program allows motivated parties who are able to fund the cleanup – and DTSC's oversight – to move ahead at their own speed to investigate and remediate their sites. DTSC has found that working cooperatively with willing and able project proponents is a more efficient and cost-effective approach to site investigation and cleanup. There are four steps to this process:

- ✓ Eligibility and Application
- ✓ Negotiating the Agreement
- ✓ Site Activities
- ✓ Certification and Property Restoration

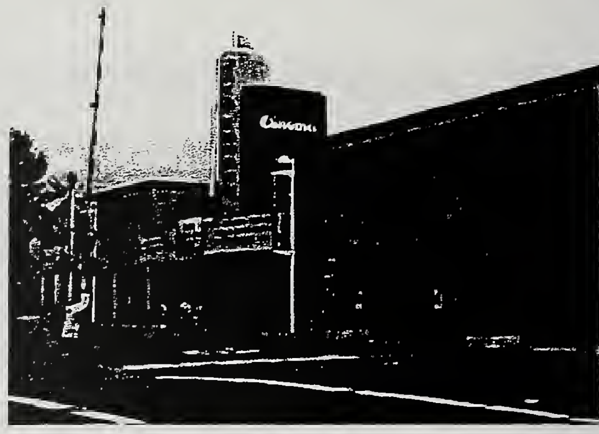
The rest of this fact sheet describes those steps and gives DTSC contacts.

August 1999

The Voluntary Cleanup Program

Step 1: Eligibility and Application

Most sites are eligible. The main exclusions are if the site is listed as a Federal or State Superfund site, is a military facility, or if it falls outside of DTSC's jurisdiction, as in the case where a site contains only leaking underground fuel tanks. Another possible limitation is if another agency currently has oversight, e.g. a county (for underground storage tanks). The current oversight agency must consent to transfer the cleanup responsibilities to DTSC before the proponent can enter into a Voluntary Cleanup Program agreement. Additionally, DTSC can enter into an agreement to work on a specified element of a cleanup (risk assessment or public participation, for example), if the primary oversight agency gives its consent. The standard application is attached to this fact sheet.



Jack London Square Theater, Oakland: Under the Voluntary Cleanup Program, a nine-screen theater was built atop a former Pacific Gas & Electric town gas site, creating a regional entertainment hub.

If neither of these exclusions apply, the proponent submits an application to DTSC, providing details about site conditions, proposed land use and potential community concerns. No fee is required to apply for the Voluntary Cleanup Program.

Romero Ranch, Santa Nella: A Voluntary Cleanup Agreement enabled the Nature Conservancy to use the land to preserve natural habitat and promote wildlife development rights.

Step 2: Negotiating the Agreement

Once DTSC accepts the application, the proponent meets with experienced DTSC professionals to negotiate the agreement. The agreement can range from services for an initial site assessment, to oversight and certification of a full site cleanup, based on the proponent's financial and scheduling objectives.

The Voluntary Cleanup Program agreement specifies the estimated DTSC costs, project scheduling, and DTSC services provided. Because every project must meet the same legal and technical cleanup requirements as State Superfund sites, and because DTSC staff provide oversight, the proponent is assured that the project will be completed in an environmentally sound manner.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY
DEPARTMENT OF TOXIC SUBSTANCES CONTROL
SITE MITIGATION STATEWIDE CLEANUP OPERATIONS

VOLUNTARY CLEANUP PROGRAM APPLICATION

The purpose of this application is to obtain information necessary to determine the eligibility of the site for acceptance into the Voluntary Cleanup Program. Please use additional pages, as necessary, to complete your responses.

SECTION 1 PROPONENT INFORMATION

Proponent Name ______________________________

Principal Contact Name

Phone ( )

Address ______________________________

____

Proponent's relationship to site

____

____

Brief statement of why the proponent is interested in DTSC services related to site

SECTION 2 SITE INFORMATION

Is this site listed on Calsites? ☐ Yes ☐ No
If Yes, provide specific name and number as listed

Name of Site

____

Address	City	County	ZIP
________	________	________	________

(Please attach a copy of an appropriate map page)

Current Owner

Name ______________________________

Address ______________________________

Phone ( )

Background: Previous Business Operations

Name ______________________________

Type ______________________________

Years of Operation ______________________________

If known, list all previous businesses operating on this property

____

____

____

What hazardous substances/wastes have been associated with the site?

____

____

____

What environmental media is/was/may be contaminated?

☐ Soil ☐ Air ☐ Groundwater ☐ Surface water

Has sampling or other investigation been conducted? ☐ Yes ☐ No

Specify

____

____

If Yes, what hazardous substances have been detected and what were their maximum concentrations?

____

____

____

SECTION 2 SITE INFORMATION (continued)

Are any Federal, State or Local regulatory agencies currently involved with the site? ☐ Yes ☐ No
If Yes, state the involvement, and give contact names and telephone numbers

Agency	Involvement	Contact Name	Phone

What is the future proposed use of the site?

____

____

What oversight service is being requested of the Department?

☐ PEA ☐ RI/FS ☐ Removal Action ☐ Remedial Action ☐ RAP ☐ Certification
☐ Other (describe the proposed project)

____

____

Is there currently a potential of exposure of the community or workers to hazardous substances at the site?
☐ Yes ☐ No If Yes, explain

____

____

SECTION 3 COMMUNITY PROFILE INFORMATION

Describe the site property (include approximate size)

____

____

____

Describe the surrounding land use (including proximity to residential housing, schools, churches, etc.)

____

____

____

Describe the visibility of activities on the site to neighbors

____

____

SECTION 3 COMMUNITY PROFILE INFORMATION (continued)

What are the demographics of the community (e.g., socioeconomic level, ethnic composition, specific language considerations, etc.)?

____

____

Local Interest

Has there been any media coverage?

____

Past Public Involvement

Has there been any past public interest in the site as reflected by community meetings, ad hoc committees, workshops, fact sheets, newsletters, etc.?

____

____

Key Issues and Concerns

Have any specific concerns/issues been raised by the community regarding past operations or present activities at the site?

____

____

Are there any concerns/issues anticipated regarding site activities?

____

____

Are there any general environmental concerns/issues in the community relative to neighboring sites?

____

____

Key Contacts

Please attach a list of key contacts for this site, including: city manager; city planning department; county environmental health department, local elected officials; and any other community members interested in the site. (Please include addresses and phone numbers.)

SECTION 4 CERTIFICATION

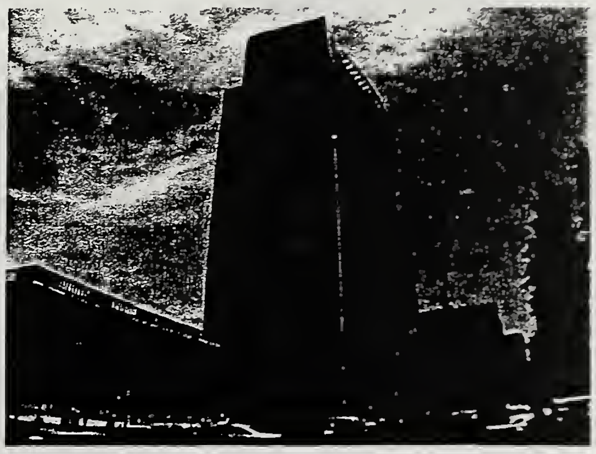
The signatories below are authorized representatives of the Project Proponent and certify that the preceding information is true to the best of their knowledge.

______________________________	______________	______________________________
Proponent Representative	Date	Title

In the agreement, DTSC retains its authority to take enforcement action, if, during the investigation or cleanup, it determines that the site presents a serious health threat, and proper and timely action is not otherwise being taken. The agreement also allows the project proponent to terminate the Voluntary Cleanup Program agreement with 30 days written notice if they are not satisfied that it is meeting their needs.

Step 3: Site Activities

Prior to beginning any work, the proponent must have: signed the Voluntary Cleanup Program agreement; made the advance payment; and committed to paying all project costs, including those associated with DTSC's oversight. The project manager will track the project to make sure that DTSC is on schedule and within budget. DTSC will bill its costs quarterly so that large, unexpected balances should not occur.



The new Federal Courthouse, Sacramento: The largest construction project in the city's history benefited from the Voluntary Cleanup Program when cleaning up a railyard site.

Once the proponent and DTSC have entered into a Voluntary Cleanup Program agreement, initial site assessment, site investigation or cleanup activities may begin. The proponent will find that DTSC's staff includes experts in every vital area. The assigned project manager is either a highly qualified Hazardous Substances Scientist or Hazardous Substances Engineer. That project manager has the support of well-trained DTSC toxicologists, geologists, engineers, industrial hygienists, specialists in public participation, and other technical experts.

The project manager may call on any of these specialists to join the team, providing guidance, review, comment and, as necessary, approval of individual documents and other work products. That team will also coordinate with other agencies, as appropriate, and will offer assistance in complying with other laws as needed to complete the project.

Step 4: Certification and Property Restoration

When remediation is complete, DTSC will issue either a site certification of completion or a "No Further Action" letter, depending on the project circumstances. Either means that what was, "The Site," is now property that is ready for redevelopment or other reuse.

To learn more about the Voluntary Cleanup Program, contact the DTSC representative in the Regional office nearest you:

DTSC office locations

North Coast California
Lynn Nakashima / Janet Naito
700 Heinz Avenue, Suite 200
Berkeley, California 94710-2737
(510) 540-3839 / (510) 540-3833

Central California
Megan Cambridge
10151 Croydon Way, Suite 3
Sacramento, California 95827
(916) 255-3727

Central California – Fresno Satellite
Tom Kovac
1515 Tollhouse Road
Clovis, California 93612
(209) 297-3939

Southern California (Glendale and Cypress)
Rick Jones
1011 Grandview Avenue
Glendale, California 91201
(818) 551-2862

Additional information on the Voluntary Cleanup Program and other DTSC Brownfields initiatives is available on DTSC's internet web page:

http://www.dtsc.ca.gov

CALIFORNIA
HISTORICAL
RESOURCES
INFORMATION
SYSTEM

ALAMEDA
COLUSA
CONTRA COSTA
LAKE
MARIN
MENDOCINO
MONTEREY
NAPA
SAN BENITO
SAN FRANCISCO
SAN MATEO
SANTA CLARA
SANTA CRUZ
SOLANO
SONOMA
YOLO

Northwest Information Center
Sonoma State University
1801 East Cotati Avenue
Rohnert Park, California 94928-3609
Tel: 707.664.2494 • Fax: 707.664.3947
E-mail: nwic@sonoma.edu

February 21, 2001

File No.: 01-SF-14E

Ms. Hillary E. Gitelman
Environmental Review Officer
Planning Department
City and County of San Francisco
1660 Mission Street, Suite 500
San Francisco, CA. 94103-2414

RECEIVED
FEB 2 3 2001
PLANNING DEPT

re: Notice of Preparation of a Draft Environment Impact Report; 2000.005E; Laguna Hospital Replacement Project

Dear Ms. Gitelman;

Records at this office were reviewed to determine if this project could adversely affect historical resources. The review for possible historic structures, however, was limited to references currently in our office. The Office of Historic Preservation has determined that any building or structure 45 years or older may be of historic value. Therefore, if the project area contains such properties they should be evaluated by an architectural historian prior to commencement of project activities. **Please note that use of the term historical resources includes both archaeological sites and historic structures**.

____ The proposed project area contains or is adjacent to the archaeological site(s) ( ). A study is recommended prior to commencement of project activities.

____ The proposed project area has the possibility of containing unrecorded archaeological site(s). A study is recommended prior to commencement of project activities.

XX The proposed project area contains listed historic structures (copy of Office of Historic Preservation enclosed). Therefore, it is recommended that an architectural historian assess this project's potential impact to the above mentioned structures.

XX Study # 16864 (1994: Chavez) identified one or more historical resources . It was recommended an archaeologist be retained to inspect exposed terrain following demolition of any existing structure in in the central part of property. This office concurs with the above recommendation.

____ Study # identified no historical resources. Further study for historical resources is not recommended.

XX The guidelines for implementation of the California Register of Historical Resources (Cal Register) criteria for evaluation of historical properties have been developed by the State Office of Historical Preservation. For the purposes of CEQA, all identified archaeological sites should be evaluated using the Cal Register criteria.

XX Our review is based on scientific information. In addition, we recommend you contact the local tribe(s) regarding traditional, cultural, and religious values.

____ Comments:

If archaeological resources are encountered during the project, work in the immediate vicinity of the finds should be halted until a qualified archaeologist has evaluated the situation. If you have any questions please give us a call (707) 664-2494.

Sincerely,

K. Thorne

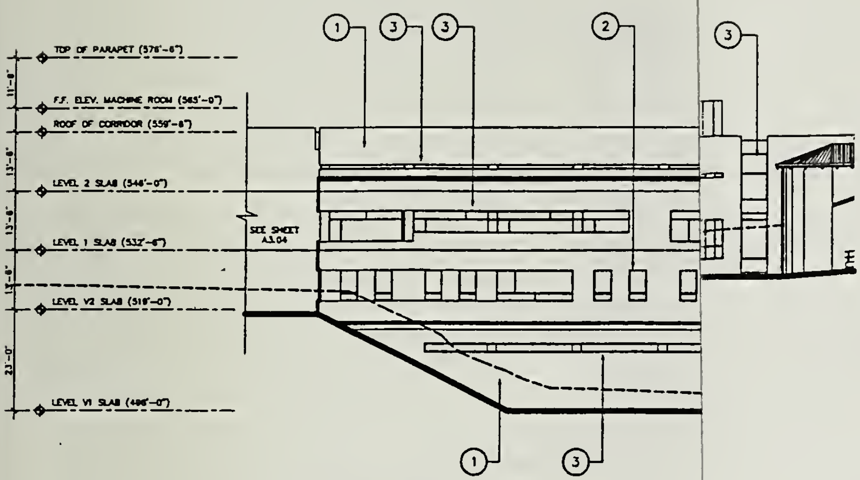
K. Thorne, for
Leigh Jordan
Coordinator

PROPERTY-NUMBER	PRIMARY-#	STREET.ADDRESS	NAMES	CITY.NAME	OWN	YR-C	OHP-PROG..	PRG-REFERENCE-NUMBER	STAT-DAT	NRS	CRIT
							PROJ.REVW.	HUD960701W	09/15/97	6Y2	
006683		916 KEARNY ST	SENTINEL BLDG, COLUMBUS TOWER	SAN FRANCISCO	P	1906	HIST.RES.	DOE-38-97-0020-0000	09/15/97	2S2	
							PROJ.REVW.	HUD960701W	09/15/97	2S2	
							HIST.SURV.	4101-0587-0000		3S	
006717		1030 KEARNY ST		SAN FRANCISCO	P	1907	HIST.SURV.	4101-0603-0012		4D	
006719		1034 KEARNY ST		SAN FRANCISCO	P	1907	HIST.SURV.	4101-0603-0014		4D	
006718		1042 KEARNY ST	TOMMASOS	SAN FRANCISCO	P	1907	HIST.SURV.	4101-0603-0013		4D	
006292		KEYES AVE	BUILDING 40-41, BACHELOR OFFICERS	SAN FRANCISCO	F	1941	HIST.SURV.	4101-0488-0011		6	
006291		KEYES AVE	BUILDING 38-39, ENLISTED MENS BARR	SAN FRANCISCO	F	1940	HIST.SURV.	4101-0488-0010		6	
006288		KEYES AVE	BUILDING 35, ENLISTED MENS BARRACK	SAN FRANCISCO	F	1912	HIST.SURV.	4101-0488-0007		3D	
123633		KEYS AVE	BUILDING 38 - MAIN POST	SAN FRANCISCO		1940	TAX.CERT.	537.9-38-0123	03/13/00	7J	
114960		KEZAR DR	BRIDGE #34C-9999 / LAKE ALVORD BRI	SAN FRANCISCO	C	1889	HIST.RES.	DOE-38-86-0002-0000	10/19/86	2S2	AC
							PROJ.REVW.	FHWA860919Z	10/19/86	2S2	AC
007884		KING ST	DELANCY STREET FOUNDATION	SAN FRANCISCO	U	1935	HIST.SURV.	4101-0687-0000		6	
069186		121 KING ST	SEIBERLING RUBBER COMPANY/DELANCY	SAN FRANCISCO	U	1939	HIST.RES.	DOE-38-90-0001-0014	10/22/90	6Y2	
							PROJ.REVW.	FHWA900926B	10/22/90	6Y2	
007885		125 KING ST	ALUMINUM GOODS MANUFACTURING COMPA	SAN FRANCISCO	U	1935	HIST.RES.	DOE-38-90-0001-0007	10/22/90	6Y2	
							PROJ.REVW.	FHWA900926B	10/22/90	6Y2	
							HIST.SURV.	4101-0688-0000		6	
008032		126 KING ST	BUILDING AT 126 KING STREET	SAN FRANCISCO	P	1902	HIST.SURV.	4101-0795-0041	01/01/82	1S	
							PROJ.REVW.		10/28/77	2S1	
008031		128 KING ST	WAREHOUSE INVESTMENT CO, STATE TER	SAN FRANCISCO	P	1912	PROJ.REVW.		10/28/77	2S1	
							HIST.SURV.	4101-0795-0040	01/01/82	1S	
069538		128 KING ST	BUILDING AT 128 KING ST	SAN FRANCISCO	U		PROJ.REVW.		10/28/77	2S1	
007886		135 KING ST	S. L. ABBOTT COMPANY BUILD	SAN FRANCISCO	U	1935	HIST.RES.	DOE-38-90-0001-0008	10/22/90	6Y2	
							PROJ.REVW.	FHWA900926B	10/22/90	6Y2	
							HIST.SURV.	4101-0689-0000		6	
008030		136 KING ST		SAN FRANCISCO	P	1913	HIST.SURV.	4101-0795-0039		3D	
007887		141 KING ST	R E X EQUIPMENT/MACWHYTE COMPANY	SAN FRANCISCO	U	1935	HIST.RES.	DOE-38-90-0001-0009	10/22/90	6Y2	
							PROJ.REVW.	FHWA900926B	10/22/90	6Y2	
							HIST.SURV.	4101-0690-0000		6	
007888		145 KING ST	R E X EQUIPMENT	SAN FRANCISCO	U	1935	HIST.SURV.	4101-0691-0000		6	
007896		150 KING ST		SAN FRANCISCO	U	1940	HIST.SURV.	4101-0699-0000		6	
007889		151 KING ST	AMERICAN WEEKLY PRINTING PLANT	SAN FRANCISCO	U	1950	PROJ.REVW.	FTA960729A	10/02/96	4S2	
							HIST.SURV.	4101-0692-0000		6	
007890		161 KING ST	ROSSI FREIGHT LINES	SAN FRANCISCO	P	1950	HIST.SURV.	4101-0693-0000		6	
007895		170 KING ST	BRACCO DISTRIBUTING CO	SAN FRANCISCO	U	1940	HIST.SURV.	4101-0698-0000		6	
007891		171 KING ST	ROSSI FREIGHT LINES	SAN FRANCISCO	P	1950	HIST.SURV.	4101-0694-0000		6	
007892		175 KING ST	CALTRANS	SAN FRANCISCO	S	1950	HIST.SURV.	4101-0695-0000		6	
007894		188 KING ST	MAC WHYTE WIRE ROPE CO	SAN FRANCISCO	S	1920	HIST.SURV.	4101-0697-0000		6	
077058		1638 KIRKWOOD ST		SAN FRANCISCO	U	1935	PROJ.REVW.	HUD920508G	06/02/92	6Y2	
006506		KOBBE AVE	BUILDING 1339, ORDNANCE REPAIR SHO	SAN FRANCISCO	F	1900	HIST.SURV.	4101-0488-0225		3D	
006505		KOBBE AVE	BUILDING 1338, FLAMMABLE STORAGE S	SAN FRANCISCO	F	1902	HIST.SURV.	4101-0488-0224		3D	
006509		KOBBE AVE	BUILDING 1347 FT WINFIELD SCOTT, B	SAN FRANCISCO	F	1941	HIST.SURV.	4101-0488-0228		3D	
006500		KOBBE AVE	BLDGS 1320/1324/1326/1328 FT SCOTT	SAN FRANCISCO	F	1912	HIST.SURV.	4101-0488-0219		3D	
006499		KOBBE AVE	BUILDINGS 1314/1322 FT WINFIELD SC	SAN FRANCISCO	F	1912	HIST.SURV.	4101-0488-0218		3D	
006496		KOBBE AVE	BUILDING 1302 FT WINFIELD SCOTT, O	SAN FRANCISCO	F	1902	HIST.SURV.	4101-0488-0215		3D	
006503		KOBBE AVE	BUILDING 1334 FT WINFIELD SCOTT, O	SAN FRANCISCO	F	1912	HIST.SURV.	4101-0488-0222		3D	
006507		KOBBE AVE	BUILDING 1340, ORDNANCE STORAGE	SAN FRANCISCO	F	1917	HIST.SURV.	4101-0488-0226		3D	
006501		KOBBE AVE	BUILDING 1330 FT WINFIELD SCOTT, B	SAN FRANCISCO	F	1915	HIST.SURV.	4101-0488-0220		3D	
006497		KOBBE AVE	BUILDING 1304 FT WINFIELD SCOTT, O	SAN FRANCISCO	F	1902	HIST.SURV.	4101-0488-0216		3D	
006498		KOBBE AVE	BUILDING 1308 FT WINFIELD SCOTT, O	SAN FRANCISCO	F	1910	HIST.SURV.	4101-0488-0217		3D	
081365		375 LAGUNA HONDA BLVD	LAGUNA HONDA GREENHOUSE	SAN FRANCISCO	U	1926	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A
081372		375 LAGUNA HONDA BLVD	LAGUNA HONDA MAIN BUILDING	SAN FRANCISCO	U	1926	PROJ.REVW.	FEMA920821A	01/26/93	2D2	AC
081366		375 LAGUNA HONDA BLVD	LAGUNA HONDA GARAGE	SAN FRANCISCO	U	1912	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A
081367		375 LAGUNA HONDA BLVD	LAGUNA HONDA LAUNDRY	SAN FRANCISCO	U	1926	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A

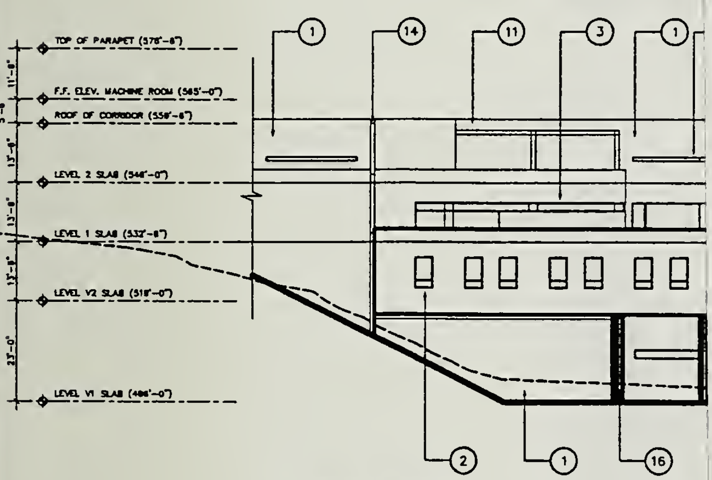
PROPERTY-NUMBER	PRIMARY-#	STREET.ADDRESS............	NAMES............................	CITY.NAME........	OWN	YR-C	OHP-PROG..	PRG-REFERENCE-NUMBER	STAT-DAT	NRS	CRIT
081371		375 LAGUNA HONDA BLVD	LAGUNA HONDA CLARENDON HALL	SAN FRANCISCO	U	1909	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A
081364		375 LAGUNA HONDA BLVD	LAGUNA HONDA SHOPS	SAN FRANCISCO	U	1957	PROJ.REVW.	FEMA920821A	01/26/93	6Y2	
081369		375 LAGUNA HONDA BLVD	LAGUNA HONDA BRIDGE STRUCTURE	SAN FRANCISCO	U	1926	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A
081368		375 LAGUNA HONDA BLVD	LAGUNA HONDA BOILER HOUSE	SAN FRANCISCO	U	1926	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A
081363		375 LAGUNA HONDA BLVD	LAGUNA HONDA HOSPITAL AND REHAB CE	SAN FRANCISCO	U	1909	PROJ.REVW.	FEMA920821A	01/26/93	2S2	A
006246		LAGUNA ST	FORT MASON, FM310/WAREHOUSE	SAN FRANCISCO	F	1912	HIST.SURV.	4101-0469-0047	01/01/72	1D	
006255		LAGUNA ST	PIERSHED-PIER 3	SAN FRANCISCO	F	1934	HIST.SURV.	4101-0469-0056	01/01/72	1D	
006254		LAGUNA ST		SAN FRANCISCO	F	1912	HIST.SURV.	4101-0469-0055	01/01/72	1D	
006249		LAGUNA ST	FM315/WAREHOUSE	SAN FRANCISCO	F	1912	HIST.SURV.	4101-0469-0050	01/01/72	1D	
006244		LAGUNA ST	GATE AND GUARD STATION	SAN FRANCISCO	F	0	HIST.SURV.	4101-0469-0045	01/01/72	1D	
006252		LAGUNA ST	PIER 2	SAN FRANCISCO	F	1912	HIST.SURV.	4101-0469-0053	01/01/72	1D	
006250		LAGUNA ST	PIER 1	SAN FRANCISCO	F	1912	HIST.SURV.	4101-0469-0051	01/01/72	1D	
006245		LAGUNA ST	MARINE REPAIR SHOP	SAN FRANCISCO	F	1934	HIST.SURV.	4101-0469-0046	01/01/72	1D	
006248		LAGUNA ST	FORT MASON, FM314/WAREHOUSE	SAN FRANCISCO	F	1912	HIST.SURV.	4101-0469-0049	01/01/72	1D	
006247		LAGUNA ST	FORT MASON, FM312/WAREHOUSE	SAN FRANCISCO	F	1912	HIST.SURV.	4101-0469-0048	01/01/72	1D	
006243		LAGUNA ST	EMBARCATION PT BLDG, PROVOST MARCH	SAN FRANCISCO	F	0	HIST.SURV.	4101-0469-0044	01/01/72	1D	
108761		LAGUNA ST	MARGARET HAYWARD PLAYGROUND BUILDI	SAN FRANCISCO	M	1922	HIST.RES.	DOE-38-97-0049-0000	06/11/97	6Y2	
							PROJ.REVW.	HUD970421E	06/11/97	6Y2	
115832		LAGUNA ST	PIERSHED - PIER 1	SAN FRANCISCO			HIST.SURV.	4101-0469-0052	01/01/72	1D	
110361		100 LAGUNA ST		SAN FRANCISCO	P		HIST.RES.	DOE-38-96-0001-0243	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110362		126 LAGUNA ST		SAN FRANCISCO	P		HIST.RES.	DOE-38-96-0001-0244	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110363		182 LAGUNA ST		SAN FRANCISCO	P		HIST.RES.	DOE-38-96-0001-0245	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110365		202 LAGUNA ST		SAN FRANCISCO	P		HIST.RES.	DOE-38-96-0001-0246	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110366		225 LAGUNA ST		SAN FRANCISCO	P		HIST.RES.	DOE-38-96-0001-0147	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110367		251 LAGUNA ST		SAN FRANCISCO	P		HIST.RES.	DOE-38-96-0001-0248	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110368		253 LAGUNA ST		SAN FRANCISCO	P		HIST.RES.	DOE-38-96-0001-0249	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110369		350 LAGUNA ST		SAN FRANCISCO	P	1926	HIST.RES.	DOE-38-96-0001-0250	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110370		355 LAGUNA ST		SAN FRANCISCO	P	1925	HIST.RES.	DOE-38-96-0001-0251	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110372		409 LAGUNA ST		SAN FRANCISCO	P	1904	HIST.RES.	DOE-38-96-0001-0252	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110373		415 LAGUNA ST		SAN FRANCISCO	P	1872	HIST.RES.	DOE-38-96-0001-0253	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110376		421 LAGUNA ST		SAN FRANCISCO	P	1900	HIST.RES.	DOE-38-96-0001-0254	07/01/96	2D2	C
							PROJ.REVW.	HUD951227A	07/01/96	2D2	C
110830		500 LAGUNA ST		SAN FRANCISCO			HIST.RES.	DOE-38-97-0001-0006	05/13/97	2D2	C
							PROJ.REVW.	FHWA970410A	05/13/97	2D2	C
110881		501 LAGUNA ST		SAN FRANCISCO	P	1890	HIST.RES.	DOE-38-97-0001-0050	05/13/97	6Y2	
							PROJ.REVW.	FHWA970410A	05/13/97	6Y2	
108759		1201 LAGUNA ST	WILLIAM VAN HERRICK APARTMENTS	SAN FRANCISCO	P	1928	HIST.RES.	DOE-38-97-0048-0000	06/11/97	6Y2	
							PROJ.REVW.	HUD970421E	06/11/97	6Y2	
108755		1223 LAGUNA ST	GIOVANNI B. DE FERRARI DUPLEX	SAN FRANCISCO	P	1878	HIST.RES.	DOE-38-97-0047-0000	06/11/97	6Y2	
							PROJ.REVW.	HUD970421E	06/11/97	6Y2	
006912		1450 LAGUNA ST	JAPANESE SALVATION ARMY BLDG	SAN FRANCISCO	P	1937	HIST.SURV.	4101-0627-0000		7	
103079		25 LAKE ST	ARTS AND CRAFT NOTICE BOARD	SAN FRANCISCO	P	1905	HIST.RES.	NPS-96001555-0003	01/22/96	1D	C

APPENDIX 2.0-1

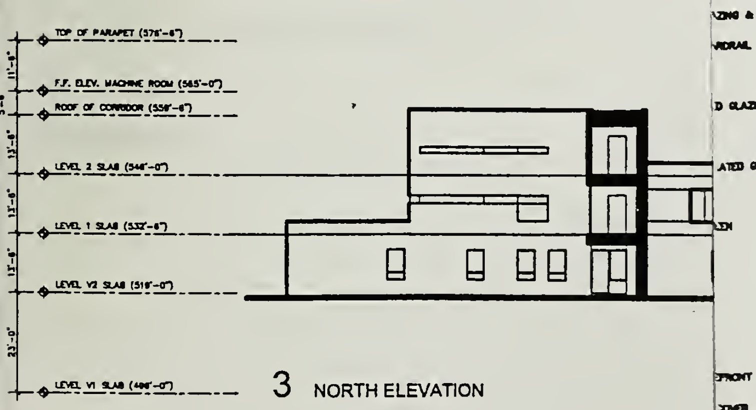
Proposed Hospital Building Elevations



1 WEST ELEVATION



2 EAST ELEVATION



3 NORTH ELEVATION

GLAZING & ALUM. FRAME
ZING & ALUM. FRAME
RDRAIL
D GLAZING
ATED GLAZING
EN
FRONT
OVER

LAGUNA HONDA HOSPITAL
REPLACEMENT PROGRAM

Department of Public Health &
Department of Public Works
City and County of San Francisco

ANSHEN+ALLEN Architects
GORDON H. CHONG & Partners

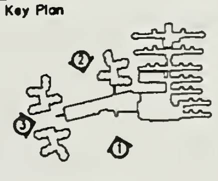
901 Market Street
San Francisco, CA 94103
(415) 882-9500

Registration Stamp

Approval

No.	Revision	Date

Key Plan



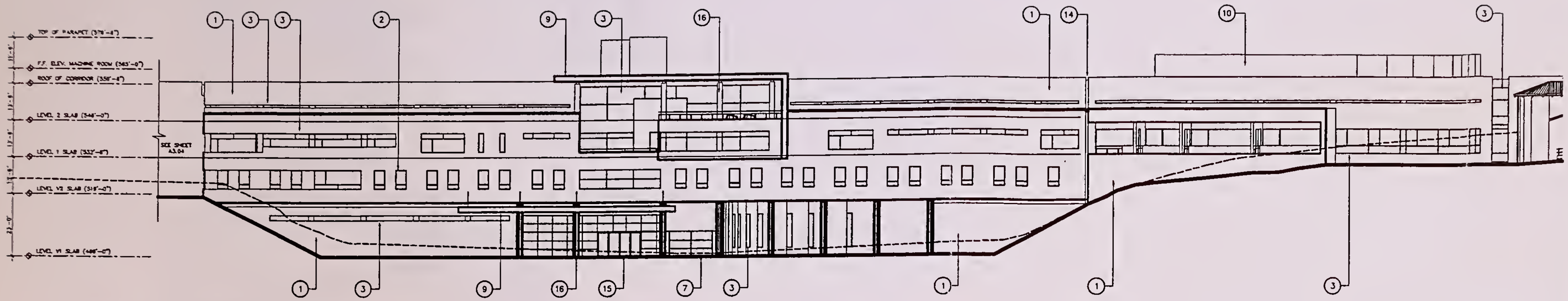
Project
LAGUNA HONDA HOSPITAL
REPLACEMENT PROGRAM

375 Laguna Honda Blvd
San Francisco, CA 94116

Sheet Title
Link Building
Elevations

REVISED SCHEMATIC DESIGN

Scale	1/16"=1'-0"
Date	28 SEPTEMBER 2001
Project No.	20030.00
Drawing No.	A3.01



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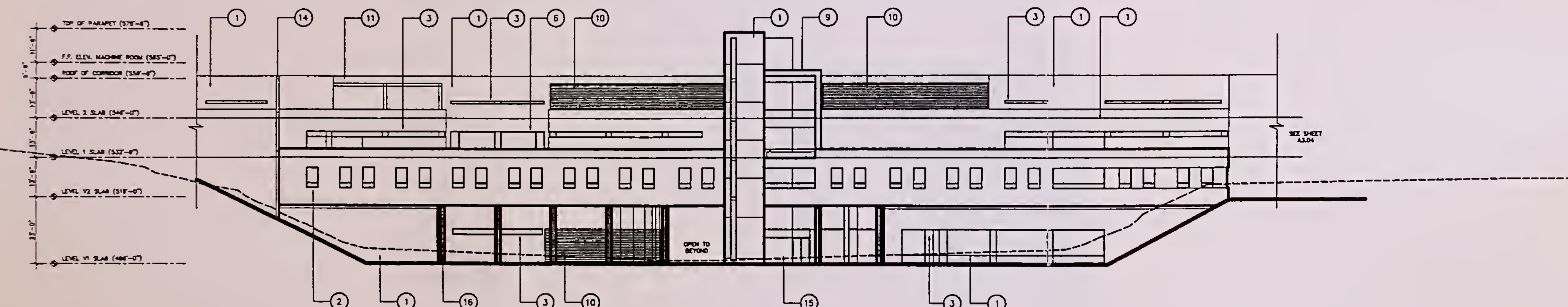

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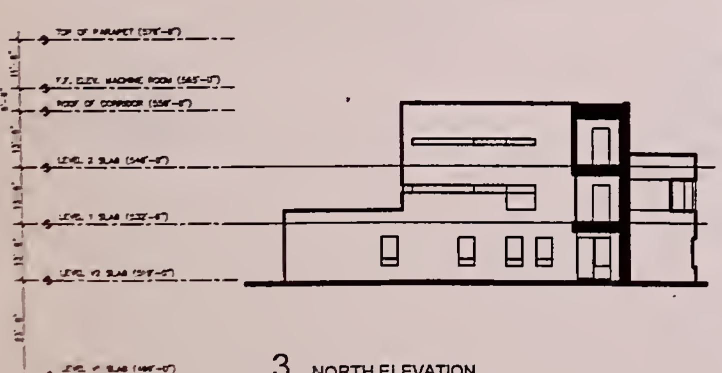

3 NORTH ELEVATION

1. CEMENT PLASTER
2. OPERABLE WINDOW W/ INSULATED GLAZING & ALUM. FRAME
3. FIXED WINDOW W/ INSULATED GLAZING & ALUM. FRAME
4. BALCONY W/ PAINTED STEEL GUARDRAIL
5. NOT USED
6. ALUM. FRAME DOOR W/ INSULATED GLAZING
7. PAINTED STEEL GATE
8. DOUBLE HEIGHT WINDOW W/ INSULATED GLAZING
9. PAINTED METAL CANOPY
10. PAINTED METAL MECHANICAL SCREEN
11. PAINTED STEEL FRAME
12. NOT USED
13. NOT USED
14. SEISMIC JOINT
15. INSULATED GLASS & ALUM. STOREFRONT
16. CLEAR ANODIZED ALUM. COLUMN COVER

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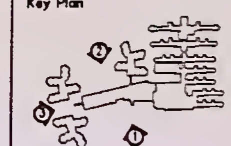
Approval

No.	Revision	Date

Key Plan



Project
LAGUNA HONDA HOSPITAL
REPLACEMENT PROGRAM

375 Laguna Honda Blvd
San Francisco, CA 94116

Sheet Title
Link Building
Elevations

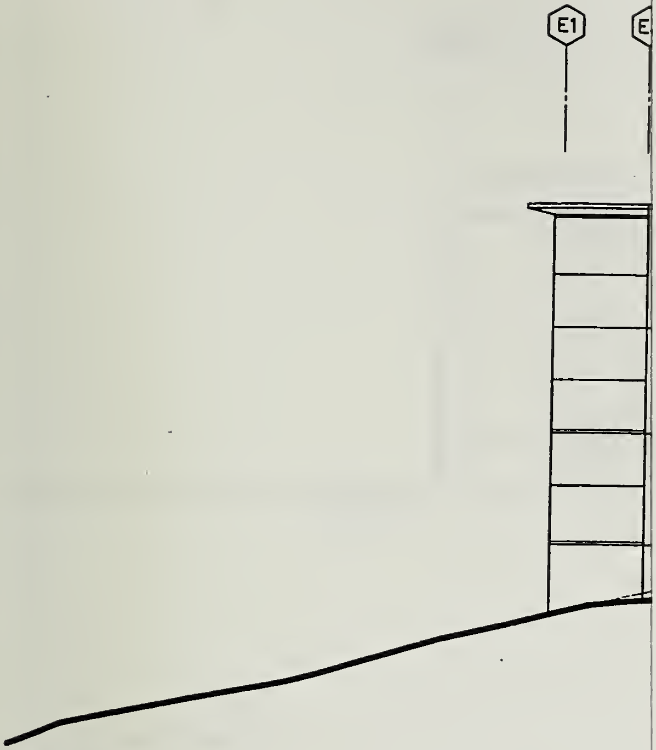
REVISED SCHEMATIC DESIGN

Scale 1/16"=1'-0"

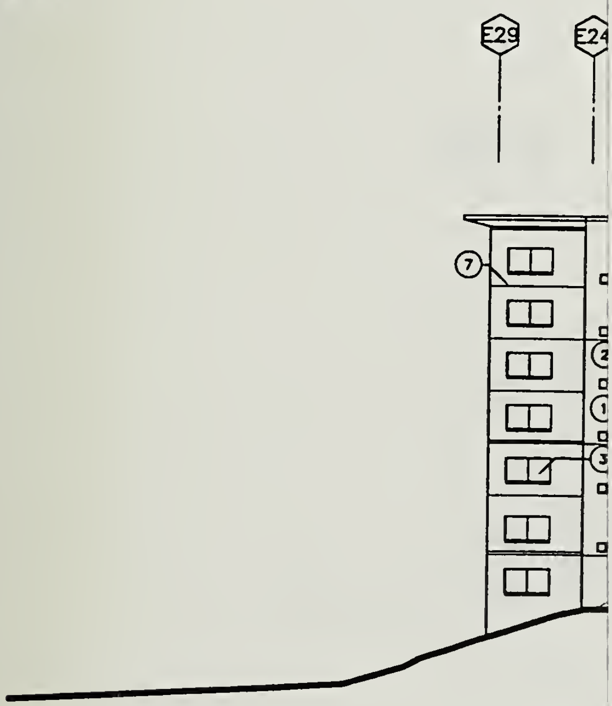
Date 28 SEPTEMBER 2001

Project No. 20030.00

Drawing No.
A3.01



1 WEST ELEVATION



2 EAST ELEVATION

ATED GLAZING & ALUM. FRAME
GLAZING & ALUM. FRAME
GUARDRAIL
ARAPET
LATED GLAZING
SULATED GLAZING
SCREEN
SHADE
TOREFRONT

LAGUNA HONDA HOSPITA
REPLACEMENT PROGRAM

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Department of Public Works
City and County of San Francisco

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GORDON H. CHONG & Partners

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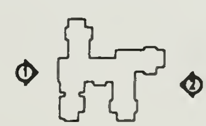
(415) 882-9500

Registration Stamp

Approval

No.	Revision	Date

Key Plan



Project
LAGUNA HONDA HOSPITAL
REPLACEMENT PROGRAM

375 Laguna Honda Blvd
San Francisco, CA 94116

Sheet Title
Nursing Unit
East Clarendon Building
Elevations
REVISED SCHEMATIC DESIGN

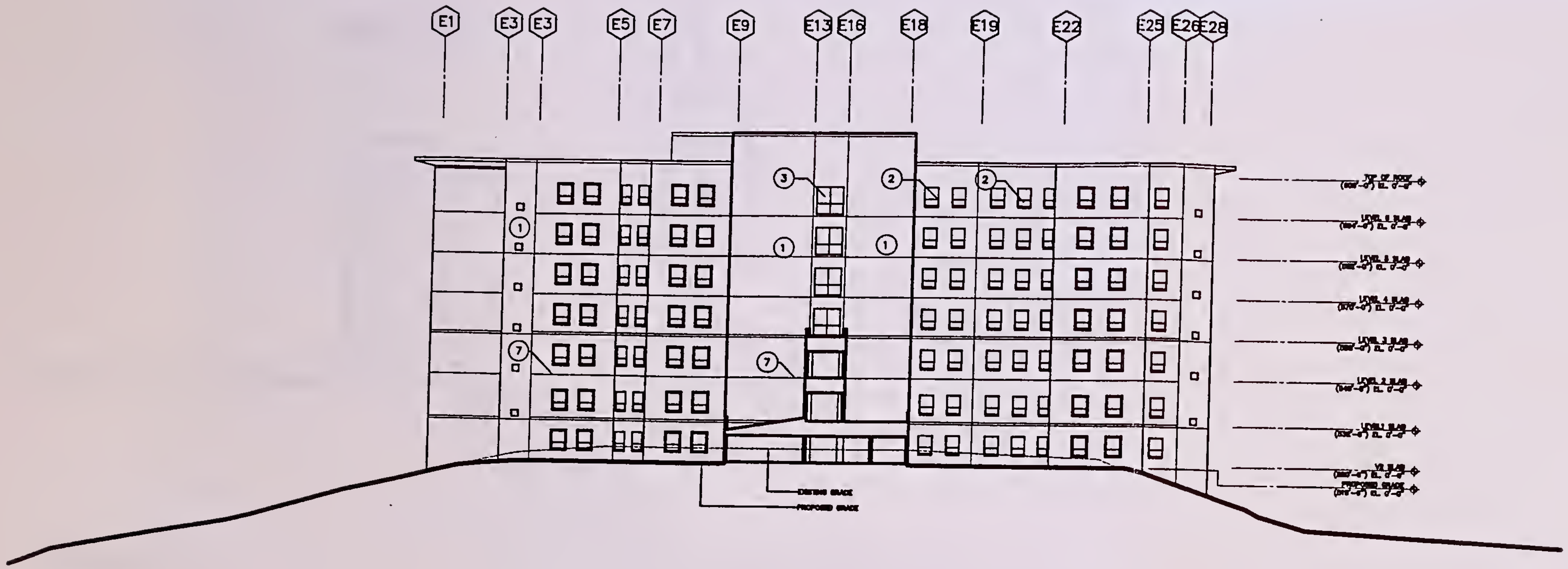
Scale 1/16"=1'-0"

Date 28 SEPTEMBER 2001

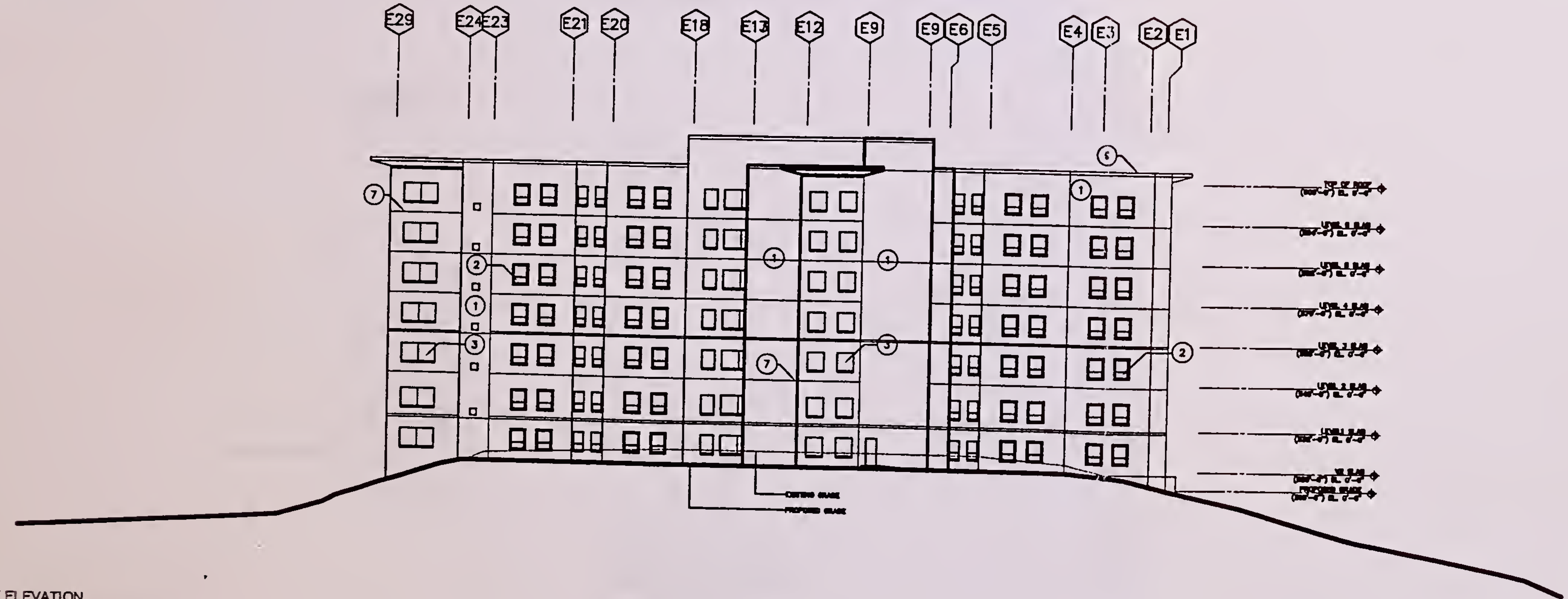
Project No. 20030.00

Drawing No.

A3.21



1 WEST ELEVATION



2 EAST ELEVATION

1. CEMENT PLASTER
2. OPERABLE WINDOW W/ INSULATED GLAZING & ALUM. FRAME
3. FIXED WINDOW W/ INSULATED GLAZING & ALUM. FRAME
4. BALCONY W/ PAINTED STEEL GUARDRAIL
5. PAINTED METAL GUARDRAIL PARAPET
6. ALUM. FRAME DOOR W/ INSULATED GLAZING
7. PAINTED ALUM. REVEAL
8. DOUBLE HEIGHT WINDOW W/ INSULATED GLAZING
9. PAINTED METAL CANOPY
10. PAINTED METAL MECHANICAL SCREEN
11. PAINTED METAL TRELLIS
12. PAINTED METAL VERTICAL SUNSHADE
13. PAINTED METAL LOUVERS
14. OVERHEAD ROLLING DOOR
15. INSULATED GLASS & ALUM. STOREFRONT

LAGUNA HONDA HOSPITAL
REPLACEMENT PROGRAM

Department of Public Health &
Department of Public Works
City and County of San Francisco

ANSHEN+ALLEN Architects
GORDON H. CHONG & Partners
Laguna Honda Hospital Replacement Architects

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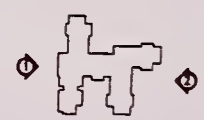
Approval

No.	Revision	Date

Key Plan



Project
LAGUNA HONDA HOSPITAL
REPLACEMENT PROGRAM

375 Laguna Honda Blvd
San Francisco, CA 94116

Sheet Title
Nursing Unit
East Clarendon Building
Elevations
REVISED SCHEMATIC DESIGN

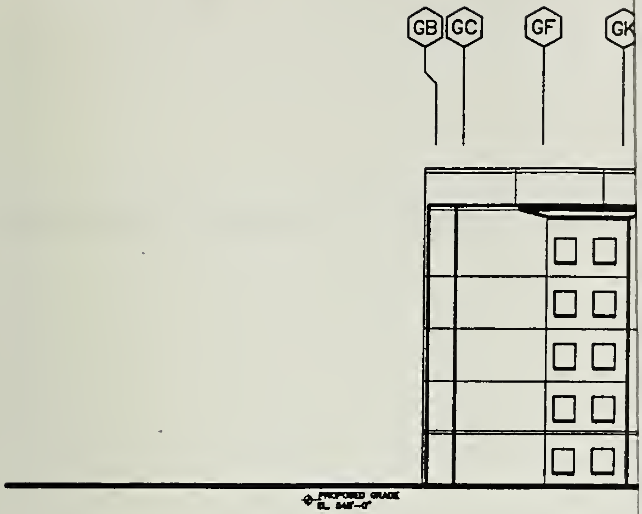
Scale 1/16"=1'-0"

Date 28 SEPTEMBER 2001

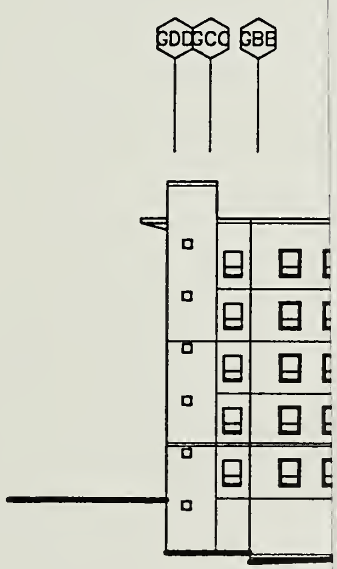
Project No. 20030.00

Drawing No.

A3.21



3 SOUTH ELEVATION



2 NORTH ELEVATION

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REPLACEMENT PROGRAM

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GORDON H. CHONG & Partners

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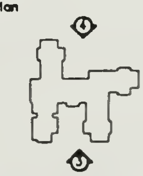
No.	Revision	Date

Key Plan



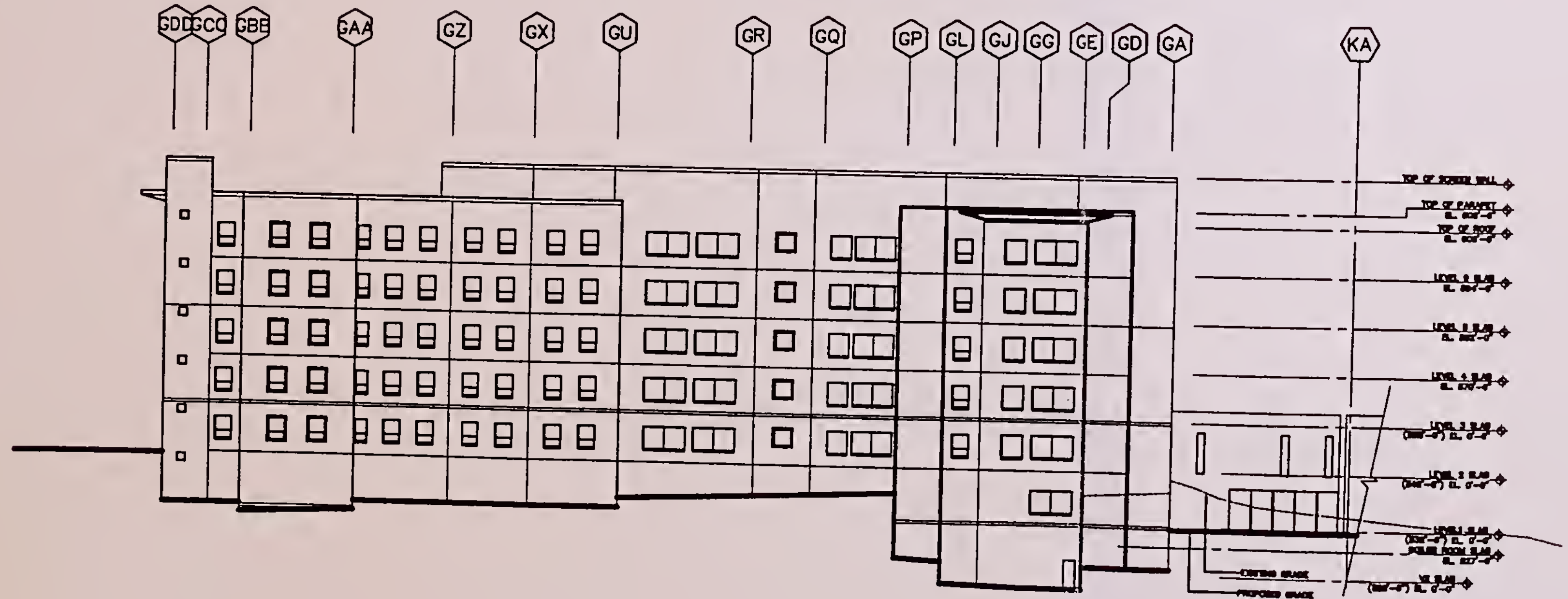
Project
LAGUNA HONDA HOSPITAL
REPLACEMENT PROGRAM

375 Laguna Honda Blvd
San Francisco, CA 94116

Sheet Title
Nursing Unit
Greenhouse Building
Elevations
REVISED SCHEMATIC DESIGN

Scale	1/16"=1'-0"
Date	28 SEPTEMBER 2001
Project No.	20030.00
Drawing No.	A3.32

3 SOUTH ELEVATION



2 NORTH ELEVATION

LAGUNA HONDA HOSPITAL
REPLACEMENT PROGRAM

Department of Public Health &
Department of Public Works
City and County of San Francisco

ANSHEN+ALLEN Architects
GORDON H CHONG & Partners

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San Francisco, CA 94103
(415) 882-9500

Registration Stamp

Approval

No.	Revision	Date

Key Plan

Project
LAGUNA HONDA HOSPITAL
REPLACEMENT PROGRAM

375 Laguna Honda Blvd
San Francisco, CA 94116

Sheet Title
Nursing Unit
Greenhouse Building
Elevations
REVISED SCHEMATIC DESIGN

Scale 1/16"=1'-0"

Date 26 SEPTEMBER 2001

Project No. 20030.00

Drawing No.

A3.32

APPENDIX 2.0-2

Project Phasing Plans

The following construction phasing plans correlate to the construction phasing discussed throughout the EIR (i.e., Phase One, Phase Two, Phase Three-A, and Phase Three-B) as follows:

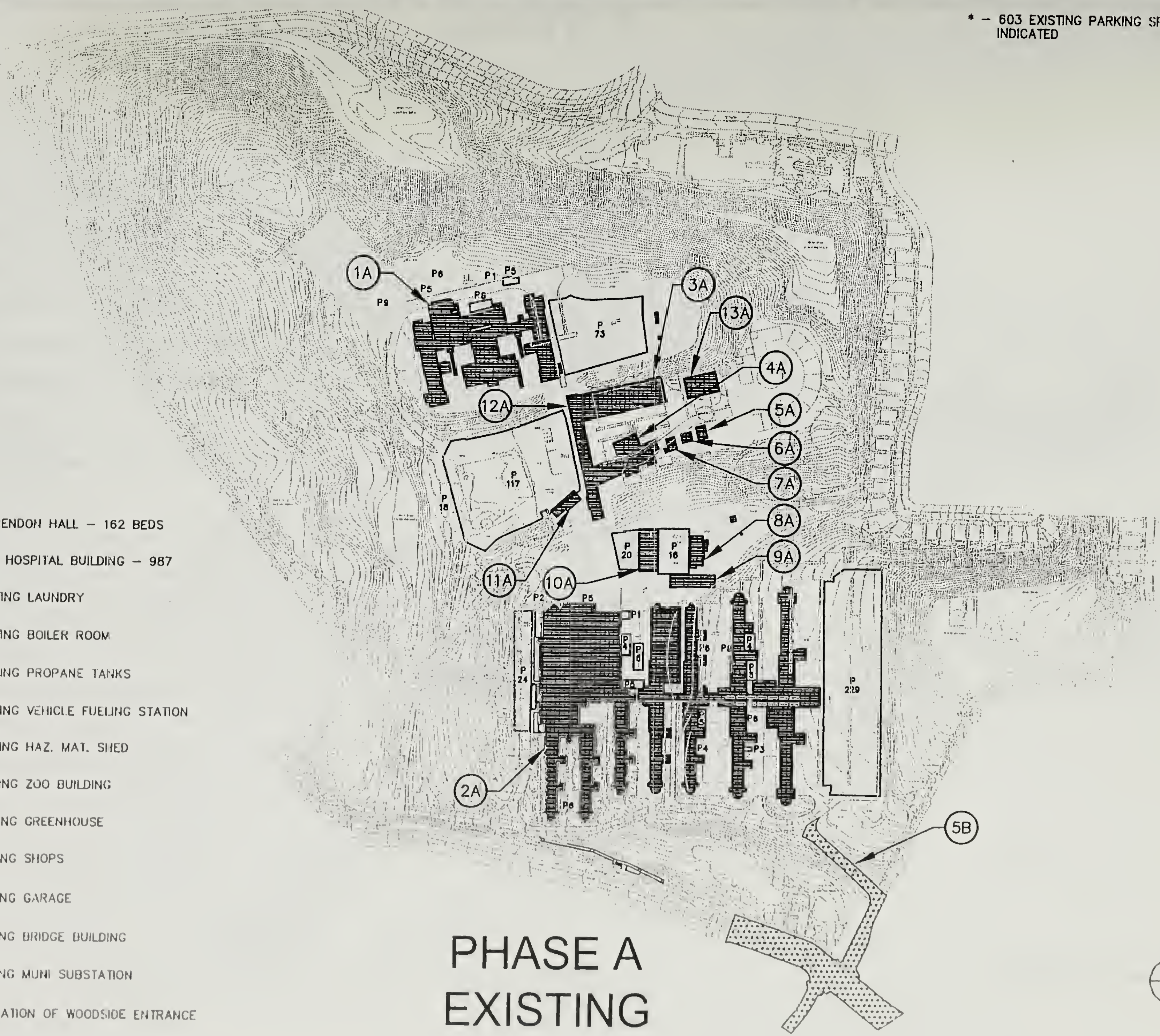
Phase One is generally the same as Phases A through C;

Phase Two is generally the same as Phase D;

Phase Three-A is generally the same as Phase E and F; and

Phase Three-B is generally the same as Phase G and H.

* – 603 EXISTING PARKING SPACES AS INDICATED



(1A) CLARENDON HALL – 162 BEDS

(2A) MAIN HOSPITAL BUILDING – 987

(3A) EXISTING LAUNDRY

(4A) EXISTING BOILER ROOM

(5A) EXISTING PROPANE TANKS

(6A) EXISTING VEHICLE FUELING STATION

(7A) EXISTING HAZ. MAT. SHED

(8A) EXISTING ZOO BUILDING

(9A) EXISTING GREENHOUSE

(10A) EXISTING SHOPS

(11A) EXISTING GARAGE

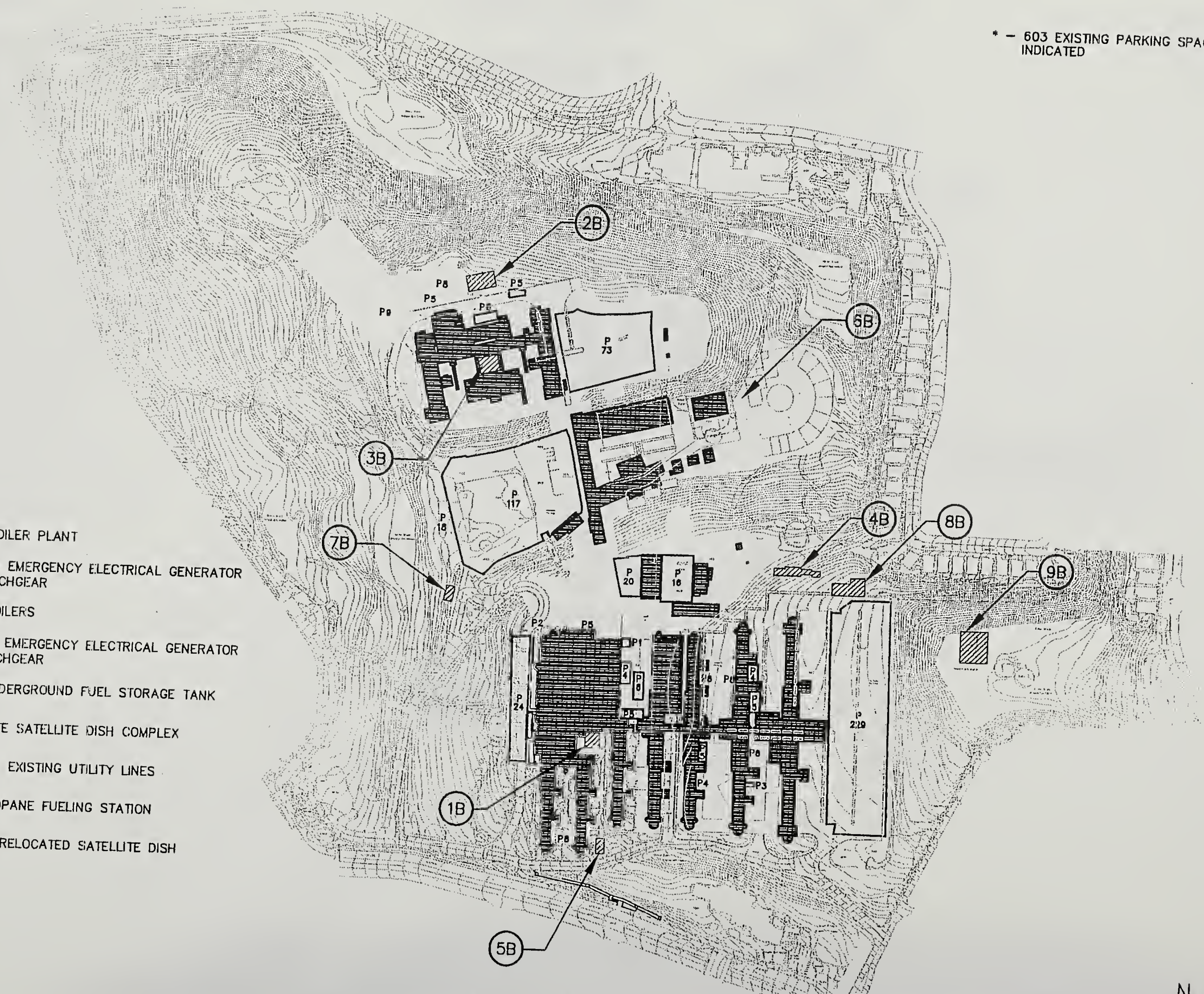
(12A) EXISTING BRIDGE BUILDING

(13A) EXISTING MUNI SUBSTATION

(14A) RELOCATION OF WOODSIDE ENTRANCE

PHASE A EXISTING

* — 603 EXISTING PARKING SPACES AS INDICATED



(1B) NEW BOILER PLANT

(2B) INTERIM EMERGENCY ELECTRICAL GENERATOR & SWITCHGEAR

(3B) NEW BOILERS

(4B) INTERIM EMERGENCY ELECTRICAL GENERATOR & SWITCHGEAR

(5B) NEW UNDERGROUND FUEL STORAGE TANK

(6B) RELOCATE SATELLITE DISH COMPLEX

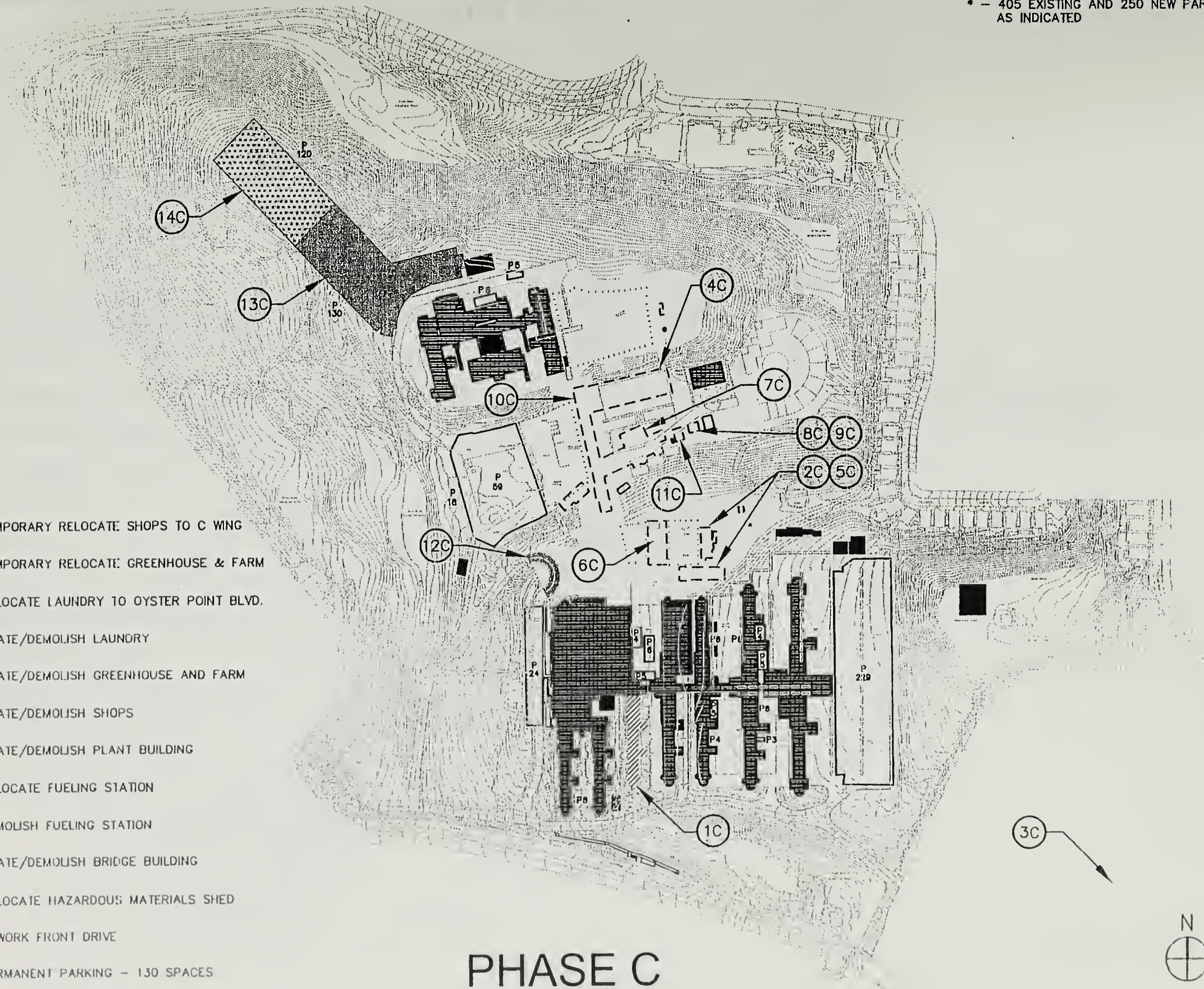
(7B) REROUTE EXISTING UTILITY LINES

(8B) NEW PROPANE FUELING STATION

(9B) NEW OR RELOCATED SATELLITE DISH

PHASE B

* – 405 EXISTING AND 250 NEW PARKING SPACES AS INDICATED



PHASE C

(1C) TEMPORARY RELOCATE SHOPS TO C WING

(2C) TEMPORARY RELOCATE GREENHOUSE & FARM

(3C) RELOCATE LAUNDRY TO OYSTER POINT BLVD.

(4C) ABATE/DEMOLISH LAUNDRY

(5C) ABATE/DEMOLISH GREENHOUSE AND FARM

(6C) ABATE/DEMOLISH SHOPS

(7C) ABATE/DEMOLISH PLANT BUILDING

(8C) RELOCATE FUELING STATION

(9C) DEMOLISH FUELING STATION

(10C) ABATE/DEMOLISH BRIDGE BUILDING

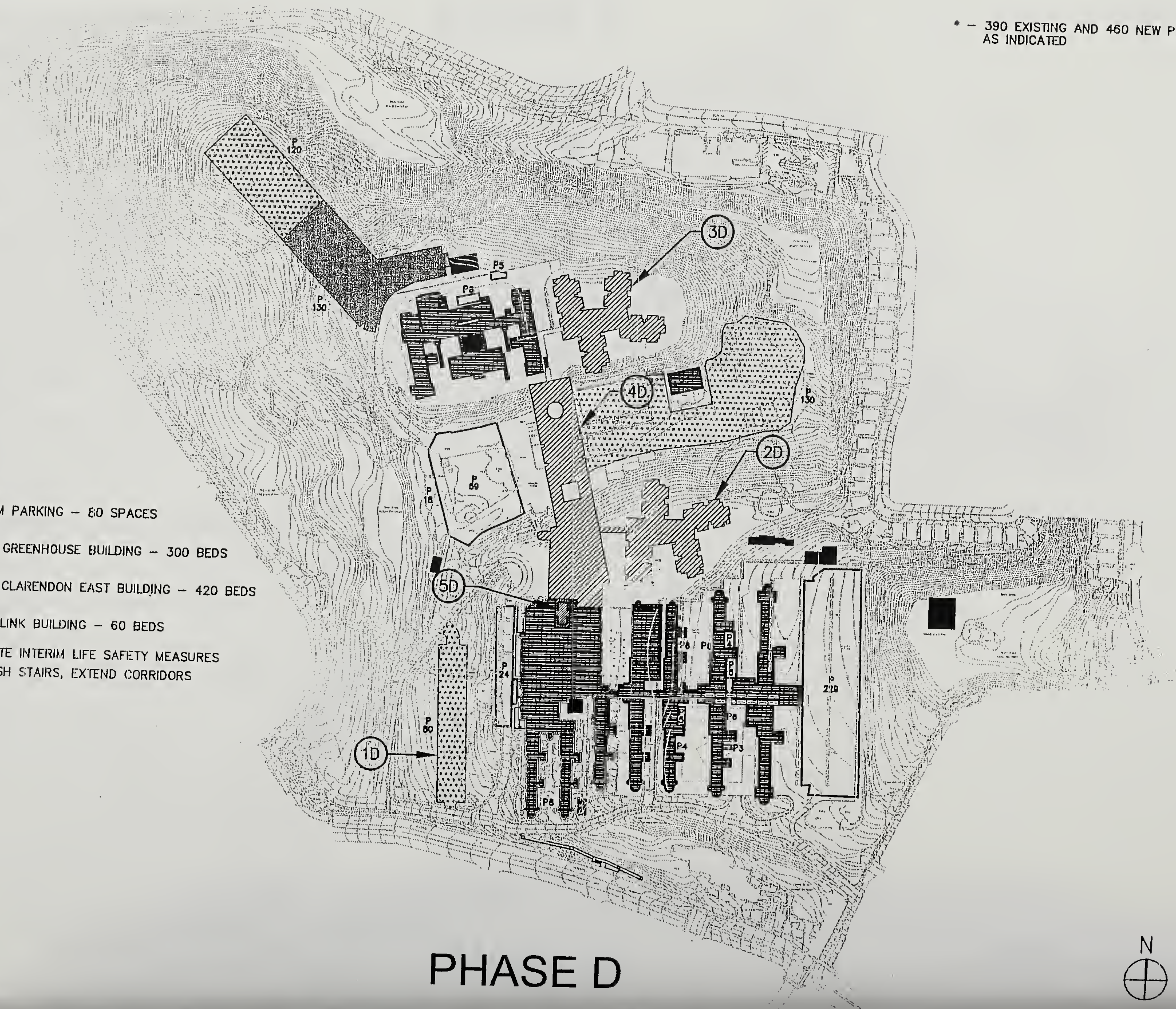
(11C) RELOCATE HAZARDOUS MATERIALS SHED

(12C) REWORK FRONT DRIVE

(13C) PERMANENT PARKING – 130 SPACES

(14C) INTERIM PARKING – 120 SPACES

* – 390 EXISTING AND 460 NEW PARKING SPACES AS INDICATED



(1D) INTERIM PARKING – 80 SPACES

(2D) START GREENHOUSE BUILDING – 300 BEDS

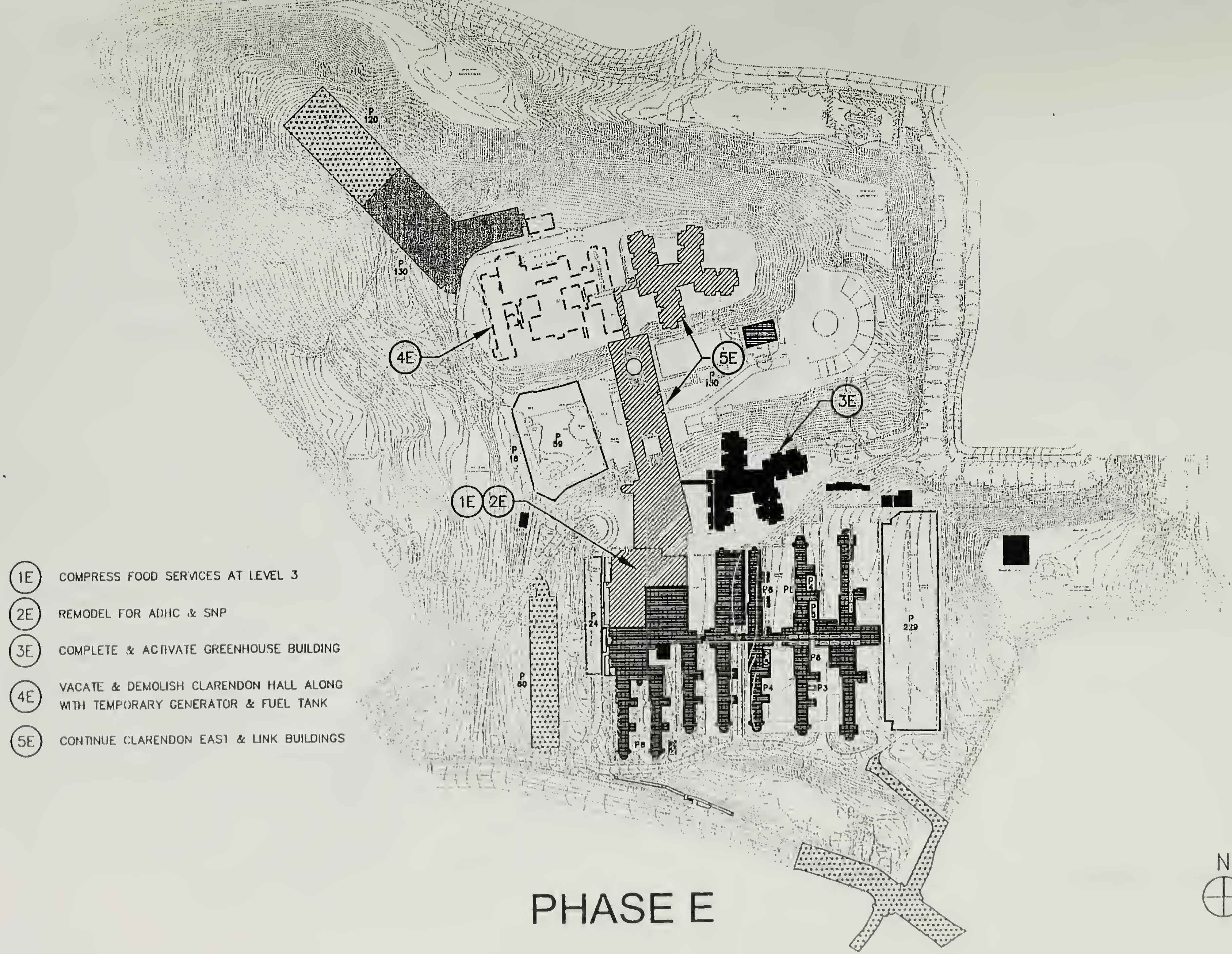
(3D) START CLARENDON EAST BUILDING – 420 BEDS

(4D) START LINK BUILDING – 60 BEDS

(5D) INSTITUTE INTERIM LIFE SAFETY MEASURES DEMOLISH STAIRS, EXTEND CORRIDORS

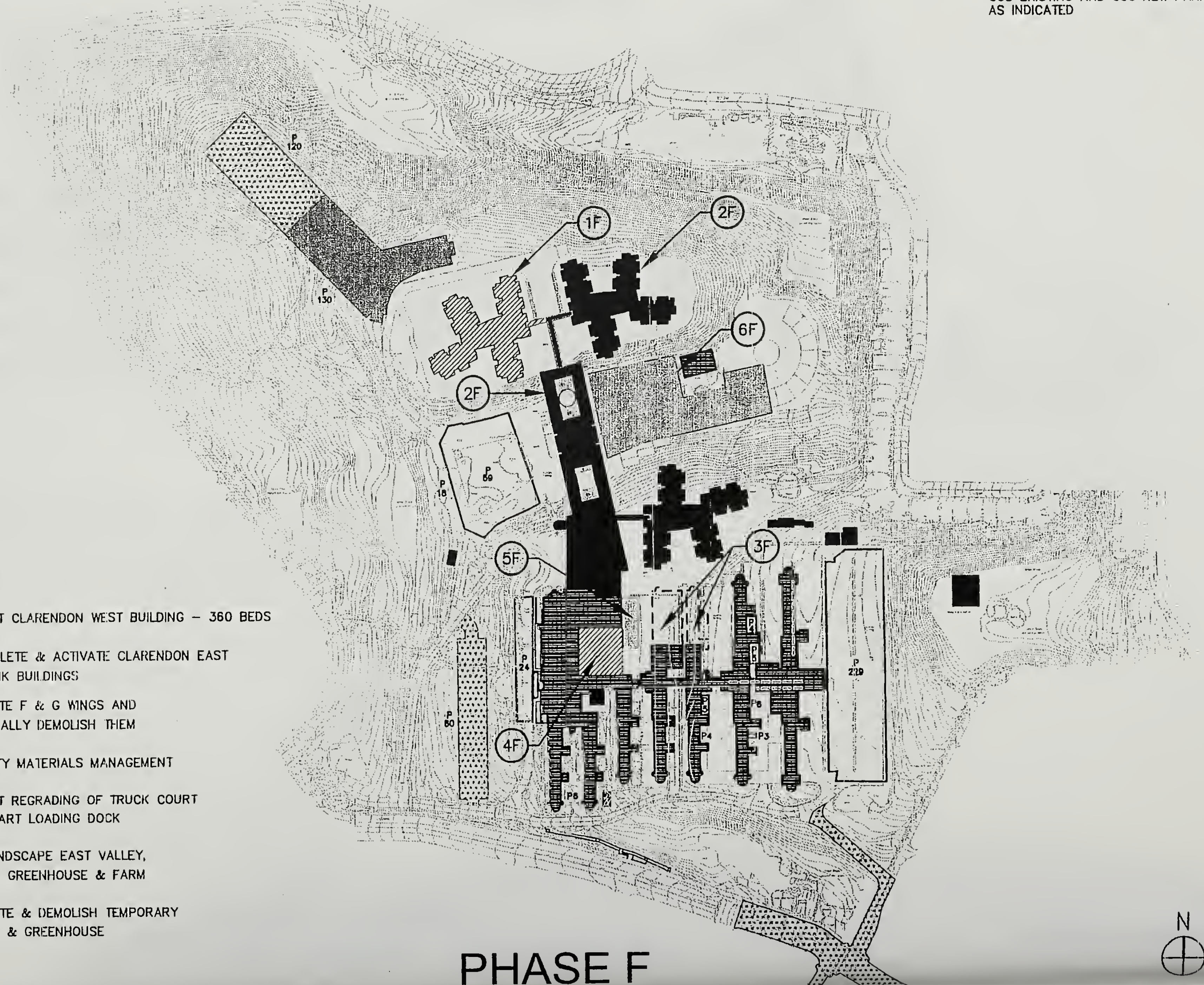
PHASE D

* – 379 EXISTING AND 460 NEW PARKING SPACES AS INDICATED



PHASE E

* – 365 EXISTING AND 330 NEW PARKING SPACES
AS INDICATED



1F START CLARENDON WEST BUILDING – 360 BEDS

2F COMPLETE & ACTIVATE CLARENDON EAST & LINK BUILDINGS

3F VACATE F & G WINGS AND PARTIALLY DEMOLISH THEM

4F MODIFY MATERIALS MANAGEMENT

5F START REGRADING OF TRUCK COURT & START LOADING DOCK

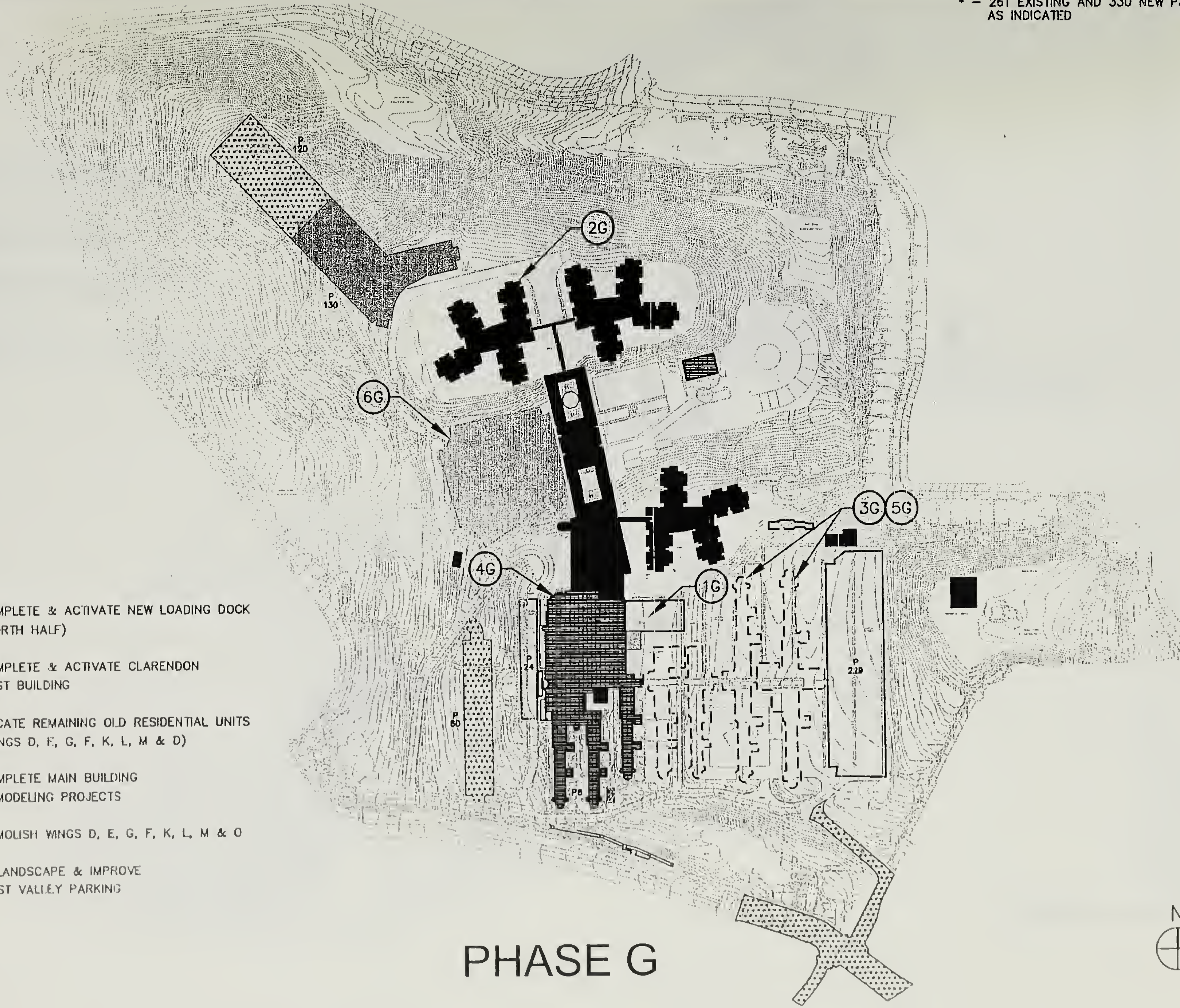
6F RELANDSCAPE EAST VALLEY, BUILD GREENHOUSE & FARM

7F VACATE & DEMOLISH TEMPORARY FARM & GREENHOUSE

PHASE F

* – 361 EXISTING AND 330 NEW PARKING SPACES

* – 261 EXISTING AND 330 NEW PARKING SPACES AS INDICATED



(1G) COMPLETE & ACTIVATE NEW LOADING DOCK (NORTH HALF)

(2G) COMPLETE & ACTIVATE CLARENDON WEST BUILDING

(3G) VACATE REMAINING OLD RESIDENTIAL UNITS (WINGS D, E, G, F, K, L, M & D)

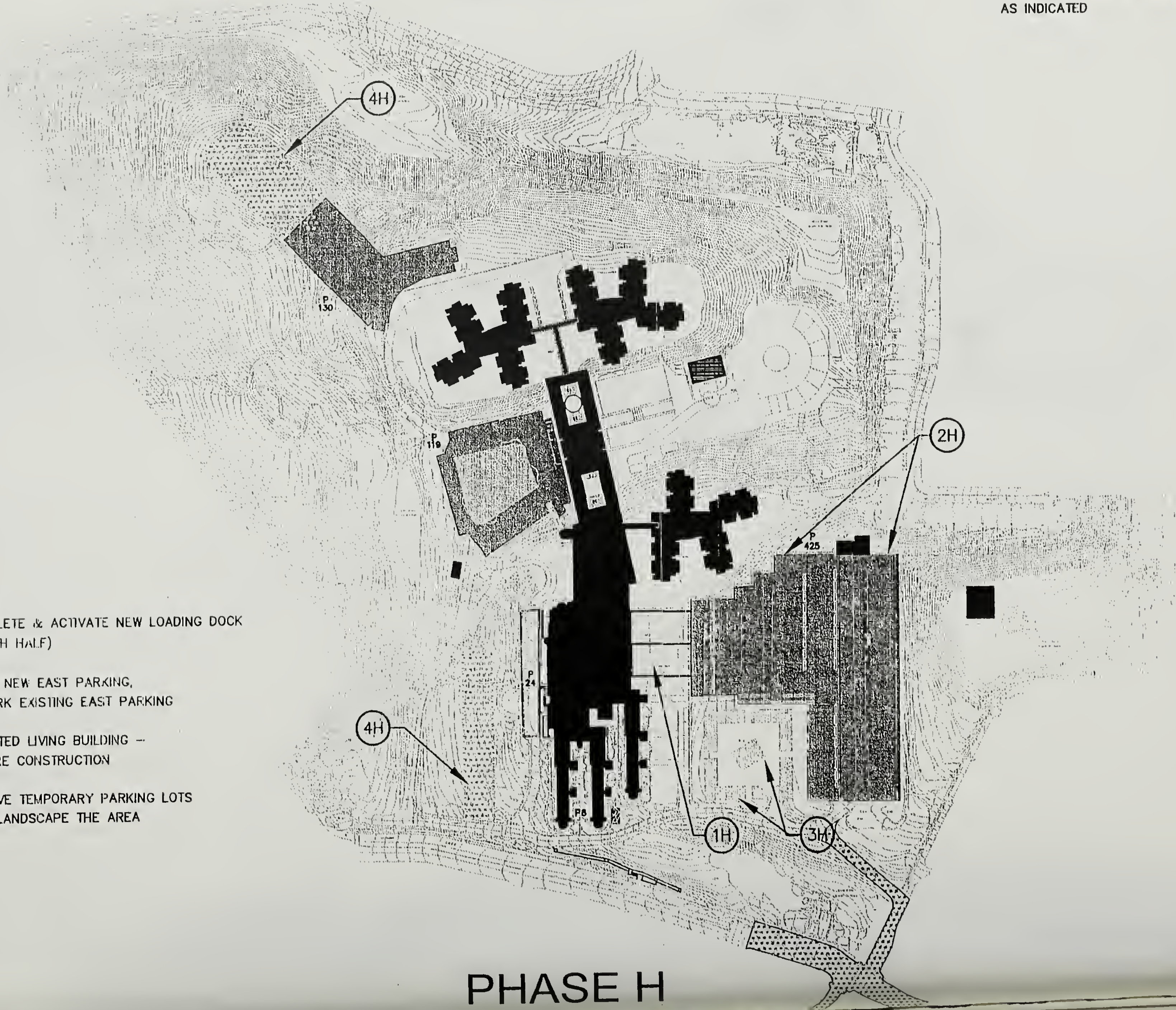
(4G) COMPLETE MAIN BUILDING REMODELING PROJECTS

(5G) DEMOLISH WINGS D, E, G, F, K, L, M & O

(6G) RELANDSCAPE & IMPROVE WEST VALLEY PARKING

PHASE G

* – 32 EXISTING AND 674 NEW PARKING SPACES AS INDICATED



1H COMPLETE & ACTIVATE NEW LOADING DOCK (SOUTH HALF)

2H BUILD NEW EAST PARKING, REWORK EXISTING EAST PARKING

3H ASSISTED LIVING BUILDING – FUTURE CONSTRUCTION

4H REMOVE TEMPORARY PARKING LOTS & RELANDSCAPE THE AREA

PHASE H

APPENDIX 3.2

Transportation Data

Trip Generation Methodology – Main Hospital

Trips generated by the main hospital component of the proposed project were determined by pro-rating the number of trips associated with the existing main hospital. This rate increase was based on the difference in the number of beds between the existing Main Hospital (1,065 beds) and proposed main hospital (1,200 beds), and assumed that the overall bed availability incorporated related visitor, employee and service trips.

Trips entering and exiting the project site during the 5:00 to 6:00 PM peak hour were used as the basis to calculate (pro-rate) the number of trips generated by the proposed main hospital. This peak hour differs from the peak of traffic exiting and entering the project site, which occurs immediately before and after the 4:00 PM employee shift change. However, the 5:00 to 6:00 PM peak hour is used in this report to estimate projected trips and evaluate roadway operating conditions (including transit and pedestrian conditions) because it is the time period when the maximum use of most of the surrounding transportation system occurs. It is also the time when most of the transportation service system capacity and service is at a maximum.

The total number of auto, pedestrian and bicycle trips entering and exiting the project site were recorded during the PM peak period (4:00 to 6:00 PM) at the Main Hospital Access Driveway on Laguna Honda Boulevard, and the secondary hospital access driveway on Woodside Boulevard. In addition, pedestrian counts were recorded at the stairway leading to and from the project site on Laguna Honda Boulevard near the Forest Hill MUNI Station. All counts were made on Tuesday, April 11, 2000, and consisted of both employees and visitors to the site.

It should be noted that no bicycle activity was recorded entering or exiting the site during the 4:00-6:00 PM peak period. In addition, walking trips that were recorded to and from the project site during the PM peak period were considered to be transit trips. This approach provided a conservative estimate of the number of transit users that would be accessing MUNI bus and rail lines near the project site. The 89-Laguna Honda MUNI bus which serves the project site does not operate during the PM peak period (10:00 AM to 3:00 PM only).

Table 1. TWO-WAY STOP CONTROLLED INTERSECTION
LEVEL OF SERVICE DEFINITIONS

Level of Service	Average Total Delay (sec/veh)	Typical Traffic Conditions
A	0-5	Little or no delay.
B	5.1-10	Short traffic delays.
C	10.1-20	Average traffic delays.
D	20.1-30	Long traffic delays.
E	30.1-45	Very long traffic delays.
F	>45	*

- Level of Service F exists when there are insufficient gaps of suitable size to allow a side street demand to cross safely through a major street traffic stream. This level of service is generally evident from extremely long total delays experienced by side street traffic and by queueing on the minor approaches.
- Source: Highway Capacity Manual, Special Report No. 209, Third Edition, Transportation Research Board, Washington, D.C. 1985 (Updated 1994)

Table 2. Signalized Intersection Level of Service Definitions

Level of Service	Stopped Delay (sec/veh)	Typical Traffic Condition
A	<5.0	**Insignificant Delays:** Progression is extremely favorable, and most vehicles arrive during the green phase. Most vehicles do not stop at all.
B	5.1 – 15.0	**Minimal Delays:** Generally good progression, short cycle lengths, or both. More vehicles stop than with LOS A, causing higher levels of average delay. Drivers begin to feel restricted.
C	15.1 – 25.0	**Acceptable Delays:** Fair progression, longer cycle lengths, or both. Individual cycle failures may begin to appear; though many still pass through the intersection without stopping. Most drivers feel somewhat restricted.
D	25.1 – 40.0	**Tolerable Delays:** The influence of congestion becomes more noticeable. Longer delays may result from some combination of unfavorable progression, long cycle lengths or high v/c ratios. Many vehicles stop, and the proportion of vehicles not stopping declines. Individual cycle failures are noticeable. Queues may develop but dissipate rapidly, without excessive delays.
E	40.01 – 60.0	**Significant Delays:** Considered by many agencies to be the limit of acceptable delay. These high delay values generally indicate poor progression, long cycle lengths, and high v/c ratios. Individual cycle failures are frequently occurrences. Vehicles may wait through several signal cycles and long queues of vehicles from upstream.
F	>60.0	**Excessive Delays:** Considered to be unacceptable to most drivers. Often occurs with over saturation, that is, when arrival flow rates exceed the capacity of the intersection. Poor progression and long cycle lengths may also be major contributing causes to such delay levels. Queues may block upstream intersections.

Source: *Highway Capacity Manual*, Special Report No. 20.9, Third Edition, Transportation Research Board, Washington, D.C. 1985 (Updated 1994).

APPENDIX 3.5

Historic Architectural ResourcesBackground Data

Mar-12-99 02:40pm From-DPW/BOE 415-558-4519 T-155 P.02/07 F-676

official file

STATE OF CALIFORNIA — THE RESOURCES AGENCY PETE WILSON, Governor

OFFICE OF HISTORIC PRESERVATION
DEPARTMENT OF PARKS AND RECREATION
P.O. BOX 942896
SACRAMENTO 94296-0001
(916) 653-6624
FAX (916) 653-9824

October 14, 1992

A.R. Kite, Chief
Disaster Assistance Programs
Region IX - Federal Emergency
Management Agency
Building 105, Presidio of San
Francisco
San Francisco, CA 94129

Reply To: FEMA920821A

RE: Clarendon Hall, Laguna Honda Hospital, Earthquake Damage Repairs

Dear Mr. Kite:

FEMA's determination that Clarendon Hall is not eligible for inclusion in the National Register of Historic Places (NRHP) may be premature.

We assume that the Hall is part of the Laguna Honda Hospital and Home for the Aged. If that is true, Clarendon should not have been evaluated in isolation from the larger facility.

The documentation supporting the determination of eligibility is minimal. To what degree was the history of Laguna Honda as a specialized type of social service facility in the City of San Francisco examined before reaching the conclusion that Clarendon is neither individually eligible for the NRHP nor eligible as part of the entire Laguna Honda complex?

In the absence of further information concerning the history of Laguna Honda and notwithstanding the date of this letter, we herewith state for the record our opinion that the NRHP status of Clarendon Hall is undetermined (36 CFR 800.4b-c).

If you have any questions, please call Hans Kreutzberg at (916) 653-6624.

Sincerely,

H Kreutzberg for

Steade R. Craigo, AIA, Acting
State Historic Preservation Officer

OCT 16 1992

Federal Emergency Management Agency

Region IX
Building 105
Presido of San Francisco
San Francisco, CA 94129

DEC 29 1992

Mr. Steade Craigo, AIA, Acting
State Historic Preservation Officer
Office of Historic Preservation
Department of Parks and Recreation
P.O. Box 942896
Sacramento, CA 94296-0001

Dear Mr. Craigo,

Subject: FEMA920821A
Laguna Honda Hospital and Rehabilitation Center, Clarendon Hall
FEMA-845-DR, P.A. 075-00000
Applicant: City & County of San Francisco

.s requested in your letter of October 14, 1992, our staff has researched the istorical significance of Clarendon Hall in the larger context of the Laguna onda Hospital and Rehabilitation Center complex and applied the National egister Criteria for National Register eligibility in accordance with 36 CFR 00.4 (c). Based on this new research information, it is FEMA's determination hat Laguna Honda Hospital and Rehabilitation Center is eligible under Criteria , B, and C for the National Register and that Clarendon Hall is a contributing lement of the Laguna Honda Hospital and Rehabilitation Center.

n addition, the Area of Potential Effects for the proposed undertaking at larendon Hall has been determined to be the entire Laguna Honda Hospital and ehabilitation Center site.

EMA staff have also reviewed the proposed undertaking of repairs and structural trengthening and determined that the work as proposed will have no adverse ffect on historic properties.

ne following documentation is enclosed for your review and comment:

. Area of Potential Effects

A. Location map

B. Site plan delineating Area of Potential Effects

. Eligibility Determination

A. Photographs of Clarendon Hall, Main Building, and Ancillary Structures

B. Architectural Assessment, History of the institution - Excerpt from Laguna Honda Master Plan by KMD/GHC+A

C. Laguna Honda Relief Home, article in Pacific Coast Architect, October, 1927

D. National Register Criteria and Analysis

III. Assessment of Effects of the Undertaking

A. Excerpts from plans by City Architect

B. FEMA description and assessment of the undertaking

Please contact Tom Ridgeway at (415) 666-9339 if you have any questions. If we do not hear from you within 60 days of your receipt of this letter, we will assume that you do not object to our determinations and will proceed by notifying the Council in accordance with 36 CFR Part 800.

Sincerely,

f Daryl L. Wait

A. Roy Kite, Chief
Disaster Assistance Programs

Enclosures

cc: Mr. Charles Wynne, Office of Emergency Services
Mr. Jorge Alfaro, CCSF

Federal Emergency Management Agency
Region IX
Building 105
Presidio of San Francisco
San Francisco, California 94129

APR 23 1993

Mr. Charles F. Wynne
Governor's Authorized Representative
Office of Emergency Services
2800 Meadowview Road
Sacramento, California 95832

Dear Mr. Wynne:

Subject: Finding of "No adverse effect" - Clarendon Hall, Laguna Honda Hospital
FEMA-845-DR, P.A. 075-00000
Subgrantee: City & County of San Francisco

The Federal Emergency Management Agency (FEMA) has completed the review of the proposed repair and strengthening work for the Clarendon Hall, Laguna Honda Hospital property in accordance with Section 106 of the National Historic Preservation Act and determined that the work as proposed will constitute no adverse effect to historic properties. The State Historic Preservation Officer (SHPO) concurred with our determination in their letter of January 26, 1993. The Advisory Council on Historic Preservation (Council) concurred with our determination in their letter of March 11, 1993.

Please inform the subgrantee that the Section 106 review process has been completed for this property unless the proposed scope of work is changed. DSR 90580 has been reinstated in the amount of $24,792, and DSR 72007 and 90563 remain in effect. The FEMA staff may monitor the construction progress from time-to-time to verify conformance with the approved scope of work. If the proposed scope of work is changed, please notify this office so that we may review proposed changes prior to the start of construction. If you have any questions, please contact Tom Ridgeway at (415) 666-9339.

Sincerely,

for A. Roy Kite, Chief
Disaster Assistance Programs

cc: Mark Primeau, City and County of San Francisco

E1-004 85-742 Yan— cc: Lehman 4/6/

This completes 106 - Make sure no DSRs are suspended — Tom

Advisory Council On Historic Preservation

COPY

The Old Post Office Building
1100 Pennsylvania Avenue, NW, #809
Washington, DC 20004

Reply to: 730 Simms Street #401
Golden, Colorado 80401

SENT TO II O A P. ARROICA on 4.12.93. J.K.

cc. J. ALFARO
L. ALONSO.

March 11, 1993

Mr. Roy A. Kite, Chief
Disaster Assistance Programs
Federal Emergency Management Agency
Region IX, Building 105
Presidio of San Francisco
San Francisco, CA 94129

REF: Laguna Honda Hospital and Rehabilitation Center, Clarendon Hall, San Francisco, CA

Dear Mr. Kite:

We have reviewed the documentation received on February 16, 1993, regarding the Federal Emergency Management Agency's no adverse effect determination for the proposed earthquake repairs to Clarendon Hall, a property eligible for listing on the National Register of Historic Places.

Under procedures set forth in 36 CFR Section 800.5(d)(2), the Council does not object to the finding of no adverse effect provided that the existing roof tiles be salvaged and reinstalled as feasible. This letter evidences that the requirements of Section 106 of the National Historic Preservation Act and the Council's regulations have been met for this project. It should be retained with all supporting documentation in your agency's environmental or project file. ATTEN TO

If you have any questions or require the further assistance of the Council, please contact Andrew Lewis of our staff at (303) 231-5320.

Sincerely,

Claudia Nissley
Director, Western Office of Review

STREET.ADDRESS	NAMES	PARCEL-NUMBER	OWN	YR-C	C	#PR	OTHREG	CHL#	PROP-#	OHP-PROG..	PRG-REFERENCE-NUMBER	STAT-DAT	NRS	CRIT
KEZAR DR	BRIDGE #34C-9999 / LAKE ALVORD BRIDGE		C	1889	S				114960	HIST.RES.	DOE-38-86-0002-0000	10/19/86	2S2	AC
										PROJ.REVW.	FHWA860919Z	10/19/86	2S2	AC
KING ST	DELANCY STREET FOUNDATION		U	1935	B				007884	HIST.SURV.	4101-0687-0000		6	
121 KING ST	SEIBERLING RUBBER COMPANY/DELANCY STR		U	1939	B	0		0	069186	PROJ.REVW.	FHWA900926B	10/22/90	6Y1	
125 KING ST	ALUMINUM GOODS MANUFACTURING COMPANY		U	1935	B				007885	PROJ.REVW.	FHWA900926B	10/22/90	6Y1	
										HIST.SURV.	4101-0688-0000		6	
126 KING ST	BUILDING AT 126 KING STREET		P	1902	B				008032	HIST.SURV.	4101-0795-0041	01/01/82	1S	
										PROJ.REVW.		10/28/77	2S1	
128 KING ST	BUILDING AT 128 KING ST		U		B				069538	PROJ.REVW.		10/28/77	2S1	
128 KING ST	WAREHOUSE INVESTMENT CO, STATE TERMIN		P	1912	B				008031	HIST.SURV.	4101-0795-0040	01/01/82	1S	
135 KING ST	S. L. ABBOTT COMPANY BUILD		U	1935	B				007886	PROJ.REVW.	FHWA900926B	10/22/90	6Y1	
										HIST.SURV.	4101-0689-0000		6	
136 KING ST			P	1913	B				008030	HIST.SURV.	4101-0795-0039		3D	
141 KING ST	R E X EQUIPMENT/MACWHYTE COMPANY		U	1935	B				007887	PROJ.REVW.	FHWA900926B	10/22/90	6Y1	
										HIST.SURV.	4101-0690-0000		6	
145 KING ST	R E X EQUIPMENT		U	1935	B				007888	HIST.SURV.	4101-0691-0000		6	
150 KING ST			U	1940	B				007896	HIST.SURV.	4101-0699-0000		6	
151 KING ST	AMERICAN WEEKLY PRINTING PLANT		U	1950	B				007889	PROJ.REVW.	FTA960729A	10/02/96	4S2	
										HIST.SURV.	4101-0692-0000		6	
161 KING ST	ROSSI FREIGHT LINES		P	1950	B				007890	HIST.SURV.	4101-0693-0000		6	
170 KING ST	BRACCO DISTRIBUTING CO		U	1940	B				007895	HIST.SURV.	4101-0698-0000		6	
171 KING ST	ROSSI FREIGHT LINES		P	1950	B				007891	HIST.SURV.	4101-0694-0000		6	
175 KING ST	CALTRANS		S	1950	B				007892	HIST.SURV.	4101-0695-0000		6	
188 KING ST	MAC WHYTE WIRE ROPE CO		S	1920	B				007894	HIST.SURV.	4101-0697-0000		6	
1638 KIRKWOOD ST			U	1935	B			0	077058	PROJ.REVW.	HUD920508G	06/02/92	6Y2	
KOBBE AVE	BUILDING 1340, ORDNANCE STORAGE		F	1917	B				006507	HIST.SURV.	4101-0488-0226		3D	
KOBBE AVE	BUILDING 1330 FT WINFIELD SCOTT, BACH		F	1915	B				006501	HIST.SURV.	4101-0488-0220		3D	
KOBBE AVE	BLDGS 1320/1324/1326/1328 FT SCOTT, O		F	1912	B				006500	HIST.SURV.	4101-0488-0219		3D	
KOBBE AVE	BUILDING 1339, ORDNANCE REPAIR SHOP		F	1900	B				006506	HIST.SURV.	4101-0488-0225		3D	
KOBBE AVE	BUILDING 1308 FT WINFIELD SCOTT, OFFI		F	1910	B				006498	HIST.SURV.	4101-0488-0217		3D	
KOBBE AVE	BUILDING 1302 FT WINFIELD SCOTT, OFFI		F	1902	B				006496	HIST.SURV.	4101-0488-0215		3D	
KOBBE AVE	BUILDING 1347 FT WINFIELD SCOTT, BACH		F	1941	B				006509	HIST.SURV.	4101-0488-0228		3D	
KOBBE AVE	BUILDING 1334 FT WINFIELD SCOTT, OFFI		F	1912	B				006503	HIST.SURV.	4101-0488-0222		3D	
KOBBE AVE	BUILDING 1338, FLAMMABLE STORAGE SHED		F	1902	B				006505	HIST.SURV.	4101-0488-0224		3D	
KOBBE AVE	BUILDINGS 1314/1322 FT WINFIELD SCOTT		F	1912	B				006499	HIST.SURV.	4101-0488-0218		3D	
KOBBE AVE	BUILDING 1304 FT WINFIELD SCOTT, OFFI		F	1902	B				006497	HIST.SURV.	4101-0488-0216		3D	
375 LAGUNA HONDA BLVD	LAGUNA HONDA HOSPITAL AND REHAB CENTE		U	1909	D	9			081363	PROJ.REVW.	FEMA920821A	01/26/93	2S2	A
375 LAGUNA HONDA BLVD	LAGUNA HONDA SHOPS		U	1957	B				081364	PROJ.REVW.	FEMA920821A	01/26/93	6Y2	
375 LAGUNA HONDA BLVD	LAGUNA HONDA LAUNDRY		U	1926	B				081367	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A
375 LAGUNA HONDA BLVD	LAGUNA HONDA BRIDGE STRUCTURE		U	1926	B				081369	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A
375 LAGUNA HONDA BLVD	LAGUNA HONDA MAIN BUILDING		U	1926	B				081372	PROJ.REVW.	FEMA920821A	01/26/93	2D2	AC
375 LAGUNA HONDA BLVD	LAGUNA HONDA BOILER HOUSE		U	1926	B				081368	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A
375 LAGUNA HONDA BLVD	LAGUNA HONDA CLARENDON HALL		U	1909	B				081371	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A
375 LAGUNA HONDA BLVD	LAGUNA HONDA GREENHOUSE		U	1926	B				081365	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A
375 LAGUNA HONDA BLVD	LAGUNA HONDA GARAGE		U	1912	B				081366	PROJ.REVW.	FEMA920821A	01/26/93	2D2	A
LAGUNA ST	PIERSHED-PIER 3		F	1934	B				006255	HIST.SURV.	4101-0469-0056	01/01/72	1D	
LAGUNA ST			F	1912	B				006254	HIST.SURV.	4101-0469-0055	01/01/72	1D	
LAGUNA ST	FM315/WAREHOUSE		F	1912	B				006249	HIST.SURV.	4101-0469-0050	01/01/72	1D	
LAGUNA ST	PIER 2		F	1912	B				006252	HIST.SURV.	4101-0469-0053	01/01/72	1D	
LAGUNA ST	FORT MASON, FM314/WAREHOUSE		F	1912	B				006248	HIST.SURV.	4101-0469-0049	01/01/72	1D	
LAGUNA ST	FORT MASON, FM312/WAREHOUSE		F	1912	B				006247	HIST.SURV.	4101-0469-0048	01/01/72	1D	

PLACE
POSTAGE
HERE

San Francisco Planning Department
Major Environmental Analysis
1660 Mission Street, Suite 500
San Francisco, CA 94103

Attn: Lisa Gibson, EIR Coordinator
2000.005E – Laguna Honda Hospital Replacement

PLEASE CUT ALONG DOTTED LINE

RETURN REQUEST REQUIRED FOR FINAL ENVIRONMENTAL IMPACT REPORT

REQUEST FOR FINAL ENVIRONMENTAL IMPACT REPORT

TO: San Francisco Planning Department,
Major Environmental Analysis

Please send me a copy of the Final EIR.

Signed:

Print Your Name and Address Below